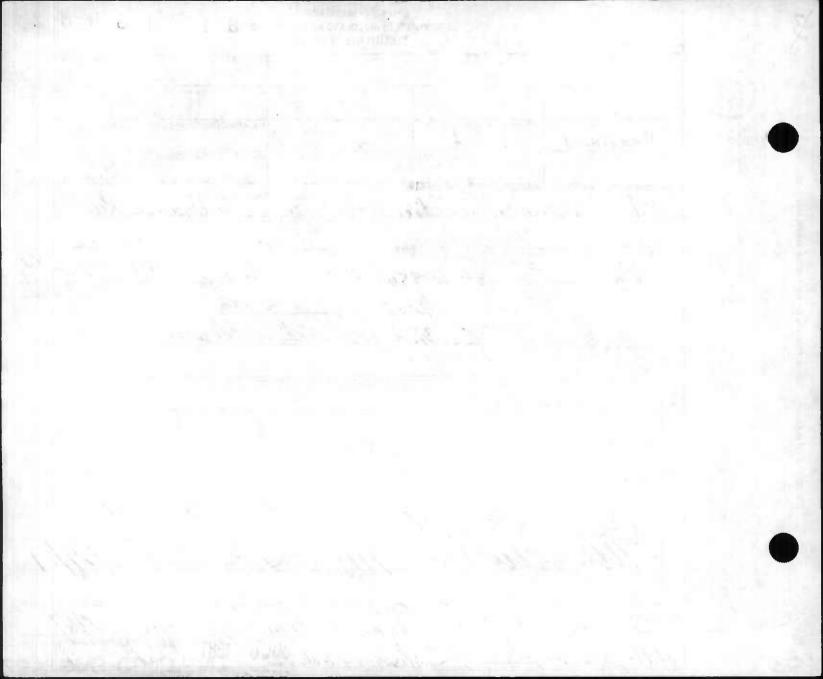
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME FIRST MIDDLE LAST 2R. DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) 6 - 29 - 8111:45 AM BAILEY Sarah Emma 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS F W YRS TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 72 WIDOWED DIVORCED Wicomico County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homes WN SATTS BURY NURSTNC HOME UNDER THE INSTITUTION, ONE RESIDENCE BEFORE ADMISSION ed i 13a STATE 136 COUNTY IDECTY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS fille comico NO M YES [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ť d 2 s FIRST MIDDLE MIDDLE ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) the 18 CAUSE OF DEATH (Enter only one cause per line for a) (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)\_ DUE TO. Canditions, if any, which gove rise to immediate cause to), stating DUE TO UR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 2 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED b transit permital Hygiene p IN CERTIFYING CAUSES OF DEATH? YES | NO [ YES T NO I 00 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21d INJURY OCCURRED 211 LOCATION ked 21s PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 228 L certify That (II (this hospital) arrended e deceased from the deceased plive on and that in (my) (our) opinion death occurred on the date and haur and from the causes stated Il remided I did not view the body after dep DEGREE 22: DATE/SIGNED O FUNERAL Double be detach ith the State D ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 224-PHYSICIAN'S NAME (THE OFFINIT) 22e ADDRESS MPORT CIVIC AVE AND RT 50 CATTCRIRY 0 READDCLEV 230. BURIAL, CRÉMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION COUNTY REC'D. BY REGISTRAR 251 THE GISTA AN X SISSASTUME 24 FUNERAL DIRECTOR

**DHMH-16 25M** (VRA 15, 4) 1/79



STATE OF MARYLAND

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## TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the men

STATE OF MARYLAND

	1 -	FOR STATE	DEPARTA		LTH AND MENTAL HYG ATE OF DEATH	IENE O	0 /	0 1
	I DE	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	ALE OF DEATH	REG. NO.	DAY YEAR	2b. HOUR
		LIZZ	* ***	Ba	ter	June	13 1981	310
	3. SE		4 RACE	S. DATE OF E	HRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
).	_ 1	Female	White	MONTH 3	26 1889	92 YRS	MONTHS DAYS	HOURS MIN
10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
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		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and	dicui	0			MATE INTERVAL ONSET AND DEATH
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		Canditians, if any, which	(b) Colone	- 12	te Di	dore	066	4
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	0			
			(c)					
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 16	31
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2	CERTIFICATION	5/2/1/	101	Mari	4: 11/-	INCERT	IFYING CAUSES	OF DEATH?
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7		OR CONTRIBUTING CAUSE OF DEA		AY YEAR				
1	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	2	LOCATION			
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET /	CITY OR TOWN	COUNTY	STATE
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		saw the deceased a veron	of which had alter death	, and t	hat w (my) (au apinian a	death accurred on the date and ho	our and from the	causes stated
		17h SIGNATURE	/ 1	OFT	JHEE JAHC	No article	22c. DATE	SIGNED
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	72a 8	MAIAL CREMATION, REMOVAL	m oat no	AME OF CEM	ETERY OR CREMATORY	DI TOCATION	COUNTY &	STATE 1
	11.5	BUNIAL	8116/81 P	ILSVII	le Cem	Patisville	WIC	· mo
VI	24 F)	UNERAL DIRECTOR	ADDRESS /		250. DATE	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNAT	URE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 he

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fuer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	. 7 0 2	
		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH DA	YEAR 2b. HOUR	
	(TYPI	E OR PRINT) William	T.	BAKER	Tune 12 1001		
	3. SE		RACE .	S. DATE OF BIRTH	June 13, 1981	LO: 30 an	
-0.0	3. 3L	^ M	W	Cot 13 1920		DNIHS DAYS HOURS MIN.	
871		COUNTRY 11	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
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品品	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (144-50F-MDRK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR	
MI		lisbury	Deer's Head Ce		INEE TRIEN	MER	
K.	13a. S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE Y 13. CITY OR TOWN	N 134 INSIDE CITY LIMITS?	130. STREET ADDRESS	S HILL AVE	
21	14. F/	ATHER'S NAME  HESTOURE  MI	DOLE BAKIER	15. MOTHER SMAIDEN NA	ME MIDDLE G	03 OST	
medical		WAS DECEASED EVER IN U.S. ARM YES (GORUNGOWN) (IF YES, GIVE	ED FORCES? 166. SOCIAL SECUR WAS PROATES) Z14-12-	RITY NO. 17. INFORMANT	4 PSAKER DI	ENTONIMO	
the A		18 CAUSE OF DEATH (Enter only	ane cause per ligh for (a), (b), argo	I (cu)		APPROXIMA E INTERVAL BETWEEN ONSET AND DEATH	
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tic e		13AG			1		
omo	138	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		100	
tra	-38	gove rise to immediate	(b)				
the		cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF					
gr o	Fox	2107 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(c)				
Jory	Z	PART 2. OTHER SIGNIFICANT CO	SADITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVE	N IN PART 110	
,	CERTIFICATION	198 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES.	WERE FINDINGS USED	
200	FC.	DATE OF STERATION	176 CONDITION FOR WHICH	OFERATION WAS PERFORMED		ING CAUSES OF DEATH?	
Show	E E	21g, ACCIDENT WAS UNDERLYING			YES NOW YES		
8 9		OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)	
ten	Ω	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
p o	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
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S m		22a.1 certify that (1) (this haspita	I) attended the deceased from	, 19		, that (I) (we) last	
21		saper the decepted give on	view the body after depth.	, and that in (my) (aur) apinion o	death occurred on the date and hour o	and from the causes stated	
: If Item		27h SIGNATURE	0 00	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED	
Z -		22d. PHYSICIAN'S NAME ITHE OF	ENI)	PHYSICIAN [	DIRECTOR PHYSICIAN		
MPORTANT		XXXXX Leonid V.	Maldve, M.D.	THE RESERVE OF THE PARTY OF THE	d Center, Salisbu	ry. Md. 21801	
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STATE OF MARYLAND

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	physici papers. emoval.	or other traumatic event		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and D BY. E CAUSE (a) Metastal	te Ca	runoma y co	lon		1	MATE INTERVA	EATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

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IMPORTANT: If Item 21 is morked or Item 18 shows any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	13A	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST TO THE PARTY OF THE PARTY		b. HOU3 €
1. SEX MAIE	1. RACE WHITE	5. DATE OF BIRTH  MONTH  DAY  FEB  10  190		FUNDER 24 MR.
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n <del>τ</del>	1. DECEASED NAME (TYPE OR PRINT)	CHSAH	MIDDLE	LA: TO T I	sr RCH	2ª DATE OF DEATH			26 HOUR
/ MS	3 SEX	4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIRT	629-	UNDER I YEAR	9:55 A
剧人	Female	Whi	te	Dec.	27. 1896	84	YRS.	NTHS DAYS	HOURS MIN
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Strong be the	USUAL RESIDENCE (IF NUM 130 STATE Maryland	SING HOME OR OTHER INSTITUTION TO THE WORK OF THE WORK	113c. CITY OR TOW	N I	13d INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS Stepha	n Deca	auter	Rd.
1000	I FATHER'S NAME FIRST I SAAC	B.	Smi th		is mother's maiden nan First Hannah	MIDDLE E	n	Murray	
r, the medica	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	RIN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES	5)	JRITY NO -2347	Jennie E.	Palmer.		in. MI	0
pers. loval. even	PART I. DEATH V	IM (Enter only one cause VAS CAUSED BY IMMEDIATE CAUSE (0		nd (cs.)				BETWEEN O	MATE INTERVAL MSET AND DEATH
e carbon pa ion, or rem r traumatic	4340 Conditions, if any	DUE TO		ence of	Alexanto.	ns		1-	ler.
ise remove al, cremation, or other	gove rise to im couse (0), stati underlying cous	mediate	Corner	tizel.	auterio su	lews		4	10.
fhen pleas r to burial ny injury,		NIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART To	1
iene prior ishows an	190 DATE OF OPERA	ATION 196 CC	NDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES (	
ntal Hygiene	00.00.000.00.00.00	CAUSE OF DEATH HOUR	AE OF INJURY  A.M. MONTH D  P.M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	TY IN ITEM 18, PART	I OR PART 2)	
h and Mer	WE STIMER, NOTIFY MEDICAL STIME INJURY OCCUP	(AT HOM	CE OF INJURY E, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOV	VN .	COUNTY	STATE
or use as of Healt m 21 is n	sow the deced	i (this haspital) arrende	27 105	, and	That in (my) (our) opinion o	death accurred on the do	19 ote and hour o		hat (I) (we) last ouses stated
detached frate Dept.	27% SUMMAPURE	WAIN	lle	1,	EGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN []	BL DATES	IGNED S
d be of the Share	HISTORYSICIAN'S N	AME (TYPE OR PRINT)	0		22e ADDRESS			1	1
shout with	230 BURIAL, CREMATION (SPECIFY) Buri				METERY OR CREMATORY S Cemetery	234 LOCATION CITY OR TOWN Salisbu	rv. W	ico.	MD
	24. FUNERAL DIRECTOR	1/34	2	1 1	250. DATE				JRE a

remaile mite dec. 27, 1056 de de de la land de la land

Darried William Standard Telegraphy alone Hal

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American 1881 10:

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

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FOR

STATE OF MARYLAND

JIMIL OI MINKILAND	12
EPARTMENT OF HEALTH AND MENTAL HYGIENE	5
CERTIFICATE OF DEATH	

D

6 3 0

- 1'	- STATE REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO	),
1. DE	ECEASED NAME PERST	MIDDLE LA	Boston	20. DATE OF DEATH	AONTH OAY YEAR 26. HOUR 7:15 P
) i. se		Caucasian April		6 AGE (IN YEARS LAST BIRTI	HDAY)   FUNDER 1 YEAR   IF UNDER 24 HF MONTHS DAYS HOURS MI YRS.
35	COUNTRY)	VIJ, M. WIDOWED		9. BALTIMORE CITY OF WICOMICO	COUNTY OF DEATH
30 S	alisbury	11. NAME OF HOSPITAL, NURSING HOME OF PENDIN SUCH FACILITY, GIVE STREET ADDRESS) PENINSULA GENERAL	Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF SCHOOL LAC	
30.	STATE Md Wor	rcester Berlin	13d. INSIDE CITY LIMITS? YES NO 🗌	6 West	St. Berlin Md.
2530	William	Elten Boston	15. MOTHER'S MAIDEN NAM	Amelia	Burbage
Z _	WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN}   I IF YES, GIT	MED FORCES? 166. SOCIAL SECURITY NO. 214-34-8875	Mary B. Hami	mond & West	St. Berlin, Md.
event, th	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c).  D BY:  TE CAUSE (a)	in-lift for	intat lobe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
froumatic	2396 Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	9		
r ather fro	gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
injury, o	4 4	conditions contributing to DEATH BUT I	OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
8 shows ony injur	190. DATE OF OPERATION (	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	(IN ITEM 18, PART 1 OR PART 2)
orked or Item	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
21 is mai	saw the deceased alive or	tal) at Inded the deceased from Man 2 19 81 . all	that in (my) (aux) opinion of	to fine 4	, 19 , that (I) ( <del>ee)</del> le and hour and from the causes stated
ote Dept.	226. SIGNATURE Odner		-	MEDICAL STAF	FAN DATE SIGNED
MIN THE STORY	RODNE X	A. WENRICH	KAY AVE.	SALISBU	RY Md. 21801
s ≤ 23a.	BURIAL, CREMATION, REMOVAL SPECIFY) BUYIA	236. DATE 6/7/8/ BUCKING	METERY OR CREMATORY	Bey In	P. Watabutta
/80 24 F	FUNERAL DIRECTOR ANAME A.	Burtage Borlin	MJ JON	E BEC'D. 1980 ISTRAR	Sh. REGISTIAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the haspital or offending physician.

A Comment of the Comm

0	1-	FOR STATE REGISTRAR			DICAL	STATE MENT OF HE EXAMINE		ND ME		YGIEN F DEA	TH I	REG.	70.	6	9	0
(M)		CEASED NAME OR PRINT)	crys1	AL LY	MIDDLE	В	OZMA	N			OF	KNOWN ESTI- MATED	6	-24		5 45 HOUR
PIRECI DIRECT DUR FI 72 HO NN STRE	3. SEX	male	4 RACE White	5. DATE OF BIRTH	7°9°	6. AGE (IN YEARS AST BIRTHDAY) YRS.	IF UNDE	R 1 YR.	IF UNDER	24 HRS.	26. DAT PRONOU DEA	NCED	6-2	4-8	1	2d. HOUR
VINERAL POR YOUNERSTON	la-BI FO	RTHPLACE (S REIGN COUNTRY) Maryla			U.S.A. WIDOWED DIVORCED 9. BALTIMORE CITY OF COUNTY OF						FDEATH	MD.				
PAGE S		Salish	oury /	Peninsu.	I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF IN SUCH FACILITY, GIVESTREET ADDRESS) PENINSULA GENERAL HOSPITAL  120. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)						12b.	KIND OF B OR INDUS	TRY			
RETAIN BECORD	USU A 13a. S	TATE Md	THE COUNT	ROTHER INSTITUTION, GIV TY Pret	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TSET   134 CITY OR TOWN   134 INSIDE (ITY LIMITS?   136.   137.   138.   13			R T.	t. 1, Box 115							
DEATH. ISES 1, 2, W PM 3. AND 2 S SAVITAL		THER'S NAMI	nond	MIDDLE	E. Bozman			Paula Payl			lor					
S AFTER DE SIVE PAGE SIVE PAGE SIVE PAGE SIVE PAGE AGES 1 AN	16a. V	VAS DECEĀSE ES, NO, OR UNKNO NO	D EVER IN U.S. AR/ DWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY N		r. 8		s. R	aymo	addr ond		an,	sam	
UTED WITHIN 24 HOURS IN PENCIL IN ITEM 18. G EXAMINER ALONG WIT RIAL-TRANSIT PERMIT. PA D MENIAL HYGIENE, DI OR REMOVAL.	>	PARTIDI Canditio	IMMEDIA  ins, if any, which ise to immediate a stating the under-	DUE TO, OR	ract AS A COM	), ond (c).)  Ured S  NSEQUENCE OF									APPRÓXIMA BETWEEN ONS MINU	SET AND DEATH
BE EXECUDING" AEDICAL AS A BU ALTH ANI	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH I	OT NOT RELA	ATEO TO THE TERMINA	AL OISEASE OF	CONDITION	GIVEN IN PA	RT I (a)						
SHOULD SHOULD SE USED TO FEE	TIFICATI		FOPERATION			WHICH OPERAT									0. AUTOPS	
CERTIFICATE STING THE WOODED TO THE 3 SHOULD BE DEPARTMENT PRIOR TO BURI	WEDICAL CERTIFICATION	UNDERLY INC CONTRIBUTI	OCCURRED	21e. PLACE C	OF INJURY ORY, FARM, E	(AT HOME.	Pass	enge	er i	n au	to:		lved	in	acc	ident Md. STATE
CAMINER: THIS BETIFICATE, WR. D BE FORWARR RECTOR: PAGE VITH THE STATE RYEAND, 21201				of the remains desc	-	ove, held on	Autopsy		Inspection de	n X.	Inquiry ermined n	X.	ond in m	y opinio	n	
DICAL EX TE THE CE 4 SHOUL NERAL DI DEATH, V ORE, MAI		ACTUAL SIGNATURE	NAME FOR		_		M.D.	Der	outy		ICAL EXA				-25-	
TO ME EXECU- PAGE TO FUI AFTER BALTIM	23a.B	TYPE OR PRI	TION, REMOVAL		23c. 1	NAME OF CEME	TERY OR C	CREMATO	RY	123d. LC	CATION					, Md.
DHMH - 17 (VR A15 ME (5))		Buria	CTOR	6-27-81, Crisfi		mnyrid	lge (	eme	tery So. DATE	REC'D. BY	risf 1981	ield	, SC	mer	set,	Md.
15M 7/76	DI.	adond	TO DOLL	, 0, 1011	o a a	114.			Jun-			2 34		C. L.		

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## FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	REGISTRAR	*	CERTIF	ICATE OF DEATH	REG. NO.		
	ECEASED NAME FIRST	MIDDLE	2.1	AST	26 DATE OF DEATH MONTH	DAY YEAR 2	h HOUR
	Hlice	KATheyN 1	dritton	16 h m.	June 14, 19	81	1-1
3. SE	X	4 RACE	5 DATE C	DAY YEAR	6 AGE (IN YEARS (AST BIRTHDAY)		HOURS /
L	emale	White	6	27 06	77 YRS		
-100	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
	aryland	USA.	WIDOWE	DIVORCED [	Wicomico	1153	
	alisbury	Peninsula G		Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OWNER Confe	12b KIND OF INDUSTRY	
13a :	IAL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY WICOT	VIY 13c CITY OR I		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 403 Mount Stre		
14. F/	ATHER'S NAME FIRST Orlando	MIDDLE LAST Denn	is	15 MOTHER'S MAIDEN NAI	Jane	Clark	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17 INFORMANT (daugh	ter) ADDRESS 4 A	dams Stre	pet
No	(YES, NO OR UNKNOWN) (IF YES, GIV	214-10-	-8931	Mrs. Betty	Jane Langrall, S	alisbury.	. In
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b)	, ond ic			APPROXIMA BETWEEN ON	
		TE CAUSE (0) Sarch	iac A	nest			
	Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	tic Cardiova	scular Disease		
	gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSE					
	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110	
N O	Aleheim	n -	R	a a lulu			
ERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDING	S USED
4 1	6-8-51	An terrosclerofic	Pseul	to he they Pala		IFYING CAUSES O	F DEATH
i iii	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE			- 683
A	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STA
	220.1 certify that (I) (this hospi	tal) attended the deceased fro	nm 6	- 3- 10 8/	10 6-14	10 \$1 16	ot (I) (we
	sow the deceased alive on	6-13-	0.	nd that in (my) (our) opinion	death occurred on the date and ha		
	22b. SIGNATURE	view the body ofter death.		DEGREE		22c DATE SI	
	James	L. Pletson	1	ATTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	6-1	
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS	J DINCETON [ ] THI SICIAN [	0 /	
1	TAME	L. CLIFFOR	n	menian	CENTER ,	Pariepro	00
23a 6	BURIAL, CREMATION, REMOVAL	1		EMETERY OR CREMATORY	23d LOCATION	1 HA IOBU	7
	(SPECIFY) Burial				CITY OR TOWN	COUNTY	STAT
24 5	-UL Tal	10/ TO/ OT IA	ATCOURC	Memorial Par	k Salisbury, Wi	comico, 1	wary]

DHMH - 16 50M 1/81 (VRA 15, 4)

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requires that the death certificate be executed within 24 hour

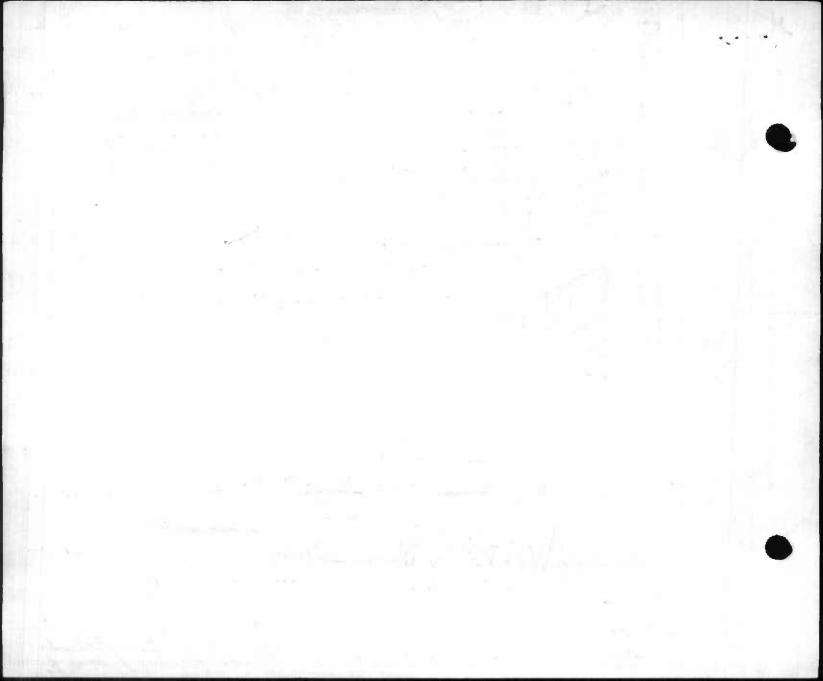
TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be for with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

HOLLOWAY FUNERAL HOME, Salisbury, Md.

250. DATE REC'D. BY REGISTRANT 256.

Technique Companie of the American

4	1	1-	Cems #21b-22		DEPARTMENT	OF HEALTH	ARYLAND AND MENTAL H			6	9 1	2
6	2	I. DEC	REGISTRAR CEASED NAME	FIRST	MIDDLE	MINER 3	LAST	20 DATE K	REG. NO.	MONTH	DAY YEAR	ŽЬ. HOUR
Markey	201	1000		aul	Westley	0	apuano	DEATH	MATED -	6	2319 81	A
A DE LE		1. SEX		5. DATE OF BIR	TH 6. AGI	E (IN YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE		HTMON	DAY YEAR	2d. HOUF
NO N		- 1	Male Whi			2 1 YRS.	S DAYS HOURS	MIN. PRONOUNG	ED	6	2319 81	11:11 a M
- SEFER		In BI	RTHPLACE (STATE OR		WHAT COUNTRY?	1.0		9. BALTIMO	RE CITY OR			1d //
和 製 競 財	174		REIGN COUNTRY) ennsylvani	TICA		WIDOW	ED NEVER MARRI	ED Wicom	ico Cou	intv.		
A APPLIES	/~	10. CI	TY OR TOWN OF DEATH	II. NAME OF H	OSPITAL, NURSING	HOME, OR OTH		12a USUAL OCCUP			h KIND OF BI	JSINESS
A PER PROPERTY OF THE PROPERTY	80	S	alisbury	Penins	HEACILITY, GIVE STREET AD	al Hosp	ital	FOR MOST OF WORK Studen	t t		OR INDUST	RY
ANY DE AND 3 TO RETAIN RECORDS	2	USUA	L RESIDENCE HE IN NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSIONI		III. STREET ADDRES	5			4-5
AN AN RET	15	Pe	nnsylvania	Allegher	y Wilkin	nsburg	YES NO	555 Shel	bourn	e St		
A # 52.52			THER'S NAME				15 MOTHER'S MAIDE	NNAME				
A TENEDA	67		Angelo	R.	Capuano		Audrey	Grac	e I	West	lev	
A SAN		16a. V	AS DECEASED EVER IN L	J.S. ARMED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS	_		13
BALTIMORE S. AFTER DEA GIVE PAGES ITH FORM P PAGES 1 AN IVISION OF U	3	NO		(ES, GIVE WAR OR DATES)	164-52	2-0515	Mr. Ange	lo R. Ca	puano	(fa	ther)	13
20310				nter only ane couse per							APPROXIMAT BETWEEN ONS	E INTERVAL
N H H H H H H H H H H H H H H H H H H H	7		PARTIDEATH WAS	CAUSED BY: MEDIATE CAUSE (o)(	Cranio cer	ebral t	rauma comp	licated by	Sepsi	5		
STON NO.	ò	7	8880		OR AS A CONSEQUE	ENCE OF						
A NS	REA		Canditions, if any, gave rise to imm									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD, "RENDING" IN PENCIL IN 178A 188 RDE TO THE CHIEF MEDICAL EXAMINER ALCUGA WAS 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIEME.	č		cause (a) stating the		OR AS A CONSEQUE	ENCE OF						
201 SALEXA	Š		lying couse last.	(c)								
AN A	¥		PART 2 OTHER SIGNIFICANT COM	IOITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO T	HE TERMINAL DISEAS	OR CONDITION GIVEN IN PAI	RT 1 a.				
RECORDI D BE EXE PENDING MEDICA AS A BU	REV	Z										
PEA MEA	, ,	AT	190. DATE OF OPERATIO	N 19b. CON	DITION FOR WHICH	OPERATION W	AS PERFORMED?				20 AUTOPSY	?
SHOUL ORD "P CHIEF TOF HI	RIA	CERTIFICATION	100								YES 🔯	NO
OF V THE WO THE O	2	E	210 EXTERNAL CAUSE W		OF INJURY 14	thear 21c. Ho	OW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART		
ON O	25		UNDERLYING OR		A.M. MONTH DAY	1981	unknownSub	ject fell	and st	ruck	head	
ISIO ISIO	RIG	MEDICAL	21d. INJURY OCCURRED	21. DIA	CE OF INTUINE	17	CALION					
WR ARE	871	W	WHILE NOT WH	ILE STREET,	FACTORY, FARM, ETCS to	reet un	Qa N. 7th	St. city or row Ocean	City	Wor.	Co., 1	STATE
R: THI ATE, W DRWA R: PAC	0		22a. I certify that I too	k charge of the remains	described obove, held	dan Autop	y X, Inspection	Inquiry	ond i	n my apını	ian	
N C C C C	\$		death resulted fram:	Natural causes .	Accident X	Suicide	Hamicide .		XX	, ,		
EXAM CERTICOLD B DIRECTOR	AR.			1hand	712	1	TITLE (SPECIFY)					
AND THE	×		ACTUAL SIGNATURE	$I \cap V \cap V \vee V$	70/0	·	Assistant	MEDICAL EXAM	NER	DATE SIGNED.	6/24	18/
SE SE	S ~	_==	- N/21/1/2010	1100	7							
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST	EL		EXAMINER'S NAME (TYPE OR PRINT)	Arın M. Di	xon, M.D.		ADDRESS	Penn St.	Balto	., ME	).	
53.55A	¥	23a. B	IRIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME (	OF CEMETERY O		23d. LOCATION		COLINITY		7 4 7 5
BP			PECIFY)	6/27/83	l Wood	lawn Ce	emetery	Wilkinsbu	rg, Al	legha	any, Pa	L.
DHMH - 17		-	Urial UNERAL DIRECTOR		0000		25a. DATE F	REC'D. BY REGISTRAR	25b. REG	7995,510	ALL	
(VR A15 ME (5	))	Н	OLLOWAY FUNE	ERAL HOME,	Salisbury,	Maryla	nd JU	N 26 1981	pio	mys	MERITAGO	7



# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

Poge 4 may be

completely filled in the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cai should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows ony injury, ar other traumatic event, the

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MI		IENE 8	REG. NO.	6 9	1 3
	1. DECEASED NAME FIRST (TYPE OR PRINT)  CENI	rh eliza	ABETH	(11)	AST MA	N	20 DATE OF D		DAY YEAR	26 HOUR, -
1	3. SEX	4 RACE			OF BIRTH		6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	FEMALE	NEGRO		11	12	07	73	YRS	MONTHS DATS	HOURS MIN,
4	L. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MA	RRIED -	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
2	JOHNSON'S NECK, MD	U.S.		WIDOWE	D DIVO	DRCED	Wicor	nico		MD.
7	Salisbury	Penins	HOSPITAL, NURSIN H FACILITY, GIVE STREET SULA GEI	neral		10.0		CUPATION  DR MOST OF WORKING  AL NURSE		OF BUSINESS OR
		ITY ESTER	GIVE RESIDENCE BEFORE  130 CITY OR TOW  SNOW HIL	N	13d. INSIDE CITY	Y LIMITS?	13e STREET AD 105 W.	DRESS Ross Sti	reet	
	IA. FATHER'S NAME FIRST  ISSAC	MIDDLE	BECKETT		15 MOTHER'S A	75T		MIDDLE	COLL	ÎNS
	160 WAS DECEASED EVER IN U.S. ARI	MED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORMAN	Т		ADDRESS		
	NO	. WAR OR DATEST	219-144-	179	HAROLD	CHAPMA	AN	SAME AS	ABOVE	
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT COMMENT OF OPERATION  190. DATE OF OPERATION	DUE TO, OR  (c)  ONDITIONS CO	R AS A CONSEQUE  R AS A CONSEQUE  DITTRIBUTING TO D  TION FOR WHICH	ENCE OF			NAL DISEASE C		IVEN IN PART 1:	
	RTIFIC	178. COND	THE TOTAL THE TENT	- CVENATION	AS PERIORS	NED.		IN CERT	IFYING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	AY YEAR	211 LOCATION		ED (ENTER NATUR	E OF INJURY IN ITEM 18		
1	WHILE DOT WHILE DAT WORK	(AT HOME STRE	EET, FACTORY, OFFICE, F	ARM ETC )	STREET			ITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this haspit saw the deceased alive an above (1) (westard) (did not	0/7	U 19	81 an	nd that in (my) to	or apinion d	eath occurred o	on the date and ho	ur and fram the	that (II due) lost causes stated
	27h SIGNATURE	20		Y	PH	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED
	131 BHA SICHAN NAME (LABEO)	A. G	RASS		22e ADDRESS					
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 6-26-8			EMETERY OR CRI		JOHNS	on DN"S NECK	WORCES	TER MD.

BP.

retained by the haspital ar attending physician.

DHMH-16 50M 1/B1 (VRA 15, 4)

FUNERAL DIRECTOR JOLLEY MEMORIAL CHAPEL

ADDRES JERSEY ROAD SALISBURY, MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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one 3

ond completely filled in by the funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physician.

etoined by the hospital or

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	CEASED NAME FIRST E OR PRINT) GEORGE	W. H.	COLLINS	JUNE 11, 1981	DAY YEAR 26 HOUR 6:1
3. SE	Male	A RACE Black	5. DATE OF BIRTH 15 1904	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2.
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14 F/	ATHERS NAME  FIRST, AM	Colling Colling	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Simmons
		MED FORCES? 16b. SOCIAL SECU /E WAR OR DATES) 2/2 - 14	RITY NO. 17. INFORMANT	is Paramstu	w ml
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STATE OF MARYLAND

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		1	NAME Ear	l L. Roy	ver,	M.D.	M							
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DHMH - 17 (VR A15 ME (5)) 15M 7/76				ral Hom	e, S	elbyvi	lle	, De	OO. DATE KEC	D. BY REGISTRAR	230 KEG	stray!	A CEST	7 1:
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 FAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ADONG WITH FORM PM. 3. RETAIN TO FUNERAL DIRECTOR: PAGE 4 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD AFTER DEATH, WITH THE STATE DEPRATMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORD BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE WORDS AFTER DEATH. IF ANY DELAY IS RECESSED. IN LASE  EXECUTE THE CERTIFICATE, WRITING THE WORDS "PENDING" IN PRINCIL IN TIER 18. GIVE PAGES 1, 2, AND 3 TO THE UNTATHORDED.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED.  AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF READONAL.  MEDICAL CERTIFICATION, OR REMOVAL.  AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF OUT AT THE STATE DEPARTMENT OF THE STATE D	Male  Male  Male  Male  Male  Marylad	The State Registrar  I. Deceased Name  II. Deceased Name  III. Deceased Name  IIII. Deceased Name  III. Deceased N	The Committee of the Co	REGISTRAR    T. DECEASED NAME	DEPARTMENT OF PMEDICAL EXAMINI  1. DECEASED NAME (TYPE OF PRINT)  1. DECEA	FOR REGISTRAR  1. DECEASED NAME (1776 OF PRINT)  3. SEX  4. RACE  5. DATE OF BIRTH (1871 OF PRINT)  5. SEX  4. RACE  5. DATE OF BIRTH (1871 OF PRINT)  6. AGE (1877 RAM. (1871 OF PRINT) (1872 PRINT)  7. SIBITUPLACE. IS MAD OR (1871 OF PRINT) (1872 PRINT	DEPARTMENT OF HEALTH AND MET REGISTRA  REGISTR	To STATE REGISTAR  MEDICAL EXAMINER'S CERTIFICATE OF REGISTAR  MEDICAL EXAMINER'S CERTIFICATE OF REGISTAR  MODIC   Local Control Contr	DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH    DECEASED NAME	DEPARTMENT OF HEALTH AND MENTAL HYGIERY  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NI  DEPARTMENT OF HEALTH AND MENTAL HYGIERY  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NI  THE PETALE PROPERTY OF MEALTH AND MENTAL HYGIERY  REGISTER  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NI  THE PETALE REGISTER  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NI  THE PETALE REGISTER  REGISTER  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NI  THE PETALE REGISTER  REG. NINT  R	TOR DEPARTMENT OF HEALTH AND MENTAL HYGENS REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S DEATH REGISTRANCE FOR DEATH REGISTRANCE FOR DEATH REGISTRAR  MEDICAL EXAMINER'S DEATH REGISTRANCE FOR DEATH REGI	FOR   DEPARTMENT OF HEALTH AND MENTAL HYGIERS   REGINAL   REGINA

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## DECEASED NAME FIRST 20. DATE OF DEATH TYPE OR PRINT) Katie 3. SEX A AGE (IN YEARS LAST BIRTHDAY) MONTH March 30 1896 Female Caucasian 85 BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Wicomico WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Salisbury Peninsula General Hospital Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Salisbury Md. Wicomico 250 Dykes Road YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Sinclair Α. Edith Mary 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ITES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-09-1493 Evelyn C. McAllister Salisbury, Md No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (or Fransvise Colon t alsern Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. adeno Carlinni 90 DATE OF OPERATION ION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2) 655 Finetin NOP 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s. PLACE OF IN ILIRY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that id (our) opinion deoth occurred an the date and hour and fram the couses stated (did) did nat) view the bady ofter death DEGREE ATTENDING MEDICAL STAFF

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

22e ADDRESS

Tilghman Wesleyan

DHMH - 16 50M 1/81 (VRA 15, 4)

Newnam Funeral Home Easton, Md

6 - 30 - 81

230 BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

Talbot Md.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

Tilghman 250 DATE REC'D BY REG

REG. NO

MONTH

IF UNDER I YEAR

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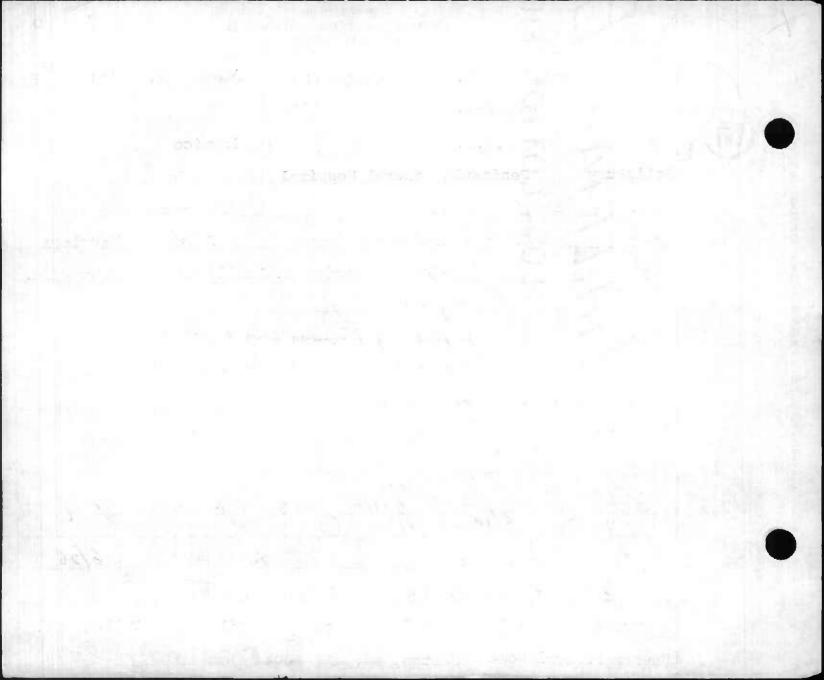
12b. KIND OF BUSINESS OR

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2	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE B  CERTIFICATE OF DEATH  REG. NO.	917
		CEASED NAME FIRST OR PRINT)	HOARN DAVIS JUNE 5 19	8/ 26 HOUR
rs after d	SE)		4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HOURS M
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   P. BALTIMORE CITY OR COUNTY OF WICOMICO	FDEATH
4 7		iyor town of death	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  THOU IN SUCH FACILITY, GIVE STREET ADDRESS)  THOU IN SUCH FACILITY, GIVE STREET ADDRESS)	126 KIND OF BUSINESS INDUSTRY
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olexel ond 2 sh	4 FA	THER'S NAME PEYCU	MIDDLE LAST PERSONAL PRINT MIDDLE MIDDLE	Boines
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n signed by the attending physics Then please remove carbonoper tra buriol, cremotion, or removal, injury, or other traumatic event, th	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (b) We as a consequence of  (c) Substantial of the terminal disease or condition given	12days 12days 12days
Post of Post o	CERTIFICATION	140 DATE OF OPERATION	YES NO YES YES	VEHE FINDINGS USED NG CAUSES OF DEATH?
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	,	URIAL, CREMATION, REMOVAL	6/13/81 MT. PEEC MARIEN	OUNTY MA
6 50M 1/81 4 15, 4)	FU FU	NAME ELL	Low Cripes Mo, 250. DATE REC'D. BY REGISTRAN 256 REG RA	R'S SIGNATURE

Park and the state of the state

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SAMUEL

No

Wicomico

CRAWford

SAlise

062-26-3205

1	Pag	9
	SPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dearn. Pag d by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc
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	SPITAL OF ATTENDING PHYSICIAN: d by the hospital or attending physician.	N N

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST MIDDLE 2e DATE OF DEATH MONTH DAY YEAR 2b. HOUR TYPE OR PRINT) BULLET RUTH DENNIS 81 4:15 ALM 6 IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY! 3. SEX FEMALE WHITE MONTHS DAYS HOURS 1919 62 =61 YRS 70. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY VIRGINIA WICOMICO U.S.A. WIDOWED DIVORCED X MD. IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SALISBURY NURSING HOME SALISBURY SALESLADY USUAL RESIDENCE (# NURSING MONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. STATE 134. CITY OR TOWN WORCESTER POCOMOKE NEW TOWN-APT. 7 C 134. INSIDE CITY LIMITS? YES X NO T 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST ALIDDLE FRANK CHESSER BULL LULU 9ºººº65ttage 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Avenue IYES, NO OR UNKNOWN) I I IF YES, GIVE WAR OR DATES! 229-26-4050 James V. Truitt Onancock. Va. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) metastas N DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which other gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ò underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Then or to t CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED the burial-transit permit. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 8 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (ear) opinion death accurred on the date and hour and from the causes stated above I wel (did Lidid not) view the body after death 226 STON ATURE DEGREE 22c DATE/SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN STAFF te MPORTANT TO FUNER, should be de with the Sta 124 PHYSICIAN'S NAME ITY OF PRINT! 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION Burial CITY OF TOWN COUNTY STATE 19 Baptist Cem. Pocomoke Wordestie 2 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR DHMH-16 25M Pocomoke City. (VRA 15, 4) 1/79 Md .

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		11-	FOR STATE REGISTRAR	MEDICAL EXAMIN		I AND MENTAL HYGIEN CERTIFICATE OF DE	ATH REG. N		2	0 .
			CEASED NAME FIRST DEE	C •	D.	LXON	26. DATE KNOWN OF ESTI- DEATH MATED	6-13-8	O	2b. HOUR : 30 I
	M)	3. SEX	lale AA	5. DATE OF BIRTH SAY 20 6. AGE (IN Y 6. AGE		DER 1 YR. IF UNDER 24 HRS. HS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD	6-13-8]	L 19	2d HOUR
Ì	70	FO	IRTHPLACE (STATE OR SPEIGH COUNTRY) Orth Carolina	76 CITIZEN OF WHAT COUNTRY?  United States	8. MARRI WIDOW	IED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	9. BALTIMORE CITY Wicom:	_	DEATH	MD
	O SEFER		Salisbury	11. NAME OF HOSPITAL, NURSING HOM PORT OF HOSPITAL, NURSING HOM PENINSULA General Peninsula General		er institution 12a. US pspital For	ual occupation (F most of working life) lessenger	YPE OF WORK 12b K	IND OF BUSI OR INDUSTRY IONE	INESS (
1201	AND 3 PETAIN HOULD I		AL RESIDENCE (IF IN NURSING NOME OF TATE D.C. 184. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING WASHING	ton	13d. INSIDE CITY LIMITS? 13e. STE YES NO 1 34	REET ADDRESS Was	rder St., N	W	
E, MD. 2	PAND 2 SI	14. F/	ATHER'S NAME Paul	Dixon Dixon		15. MOTHER'S MAIDEN NAM Estelle	Gay		LAST	
LTIMOR	AFTER IN PAGES 1 VISION O	(Y	WAS DECEASED EVER IN U.S. AR. JES, NO. OR UNKNOWN) 1 (15 YES, GIVE PS/ Army 1942.	WAR OR DATES)		Jean H. Tho				
V ST., BA	# HOURS EM 18. G EM WIT RMIT. PA ENE, DIVI		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ally ane cause per line far (a), (b), and (c).)	Frau	ma		BET	APPROXIMATE II TWEEN ONSET A LNUTE	AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	D WITHIN 2- ENCIL IN ITE MINER ALC TRANSIT PE ENTAL HYGIL REMOVAL.	7	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE	OF					
301 W.	CUTED W IN PENC EXAMI SRIAL-TR ID MENT		cause (a) stating the <u>under</u> <u>lying cause last.</u>		OF					
CORDS,	BE EXEMPLE WEDING" WEDICAL AS A BL ALTH AN MATION	NOI		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER						
/ITAL RE	ATE SHOULD "PE" THE CHIEF IND BE USED NENT OF HE BURIAL, CRE	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPE		on a second	1734		AUTOPSY?	NO <b>2</b>
ION OF	A R THE	EDICAL CE	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		Fe.		ckup truc	ck, str	uck b	J
DIVIS	E. WRITING RWARDED T PAGE 3 SH STATE DEPA	WED	214. INJURY OCCURRED WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME,	Rt	CHION	d, Wicom	ico, count	•	STATE
	CHE CATE	1		ge af the remains described abave, held an ral causes . Accident . S	Autap		Inquiry X,	and in my opinion		
•	CAL EXAMI THE CERTIF SHOULD BE RAL DIRECT RAL WITH RE, MARYLE		ACTUAL SIGNATURE	11/2	N	A.D. Deputy MEI	DICAL EXAMINER	DATE SIGNED 6	-15-8	31
	TO MEDICAL E EXECUTE THE OPAGE 4 SHOU TO FUNERAL A AFTER DEATH, BATTIMORE, MA			l L. Royer, M.D.		, , , , , , , , , , , , , , , , , , , ,	en Ave.,	Salisb	ury,	Md.
	BP	(3	Burial UNERAL DIRECTOR 3031		Men	orial Park	CCATION YORTOWN Landover	P.G.CO,	Mary TURE	
	(VR A15 ME (5)) 15M 7/76	I	atney Funera	1 Home, Washingt	on,	D.C. 1333	1901		7	

Toler State of the .DE COLLEGE X STEELE Agency after a such control of the control of

	go.
	DING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page
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CITIZENS OF THE PROPERTY OF TH	death
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 chaold be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, th

IMPORTANT: If them 21 is marked ar item 18 shaws any

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG	REG. NO.	0 7	lia I
DECEASED NAME FIRST	MIDDLE	į.	149	28 DATE OF DEATH MONTH	DAY YEAR 1	2b. HOUR
Howar	ed B.	,	DOREY	JUNE 3	1981	27
SEX	4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
male	white	Sep.	t. 18, 1927	59 YRS		HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Delaware	76. CITIZEN OF WHAT COUNT	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN WICOMICO	TY OF DEATH	M
Salisbury		Genera	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  GAS CO. CXCC.	LIFE) INDUSTRY	BUSINESS OF
Delaware Jus	JNTY SSEX  JNTY  J		136 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 161		
REATHER'S NAME William Z	Benjamin Don	ey	15 MOTHER'S MAIDEN NA	WE	Doney	
OB. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166. SOCIALS SIVE WAR OR DATES) 215-20	-2335	Terry D. Dor	ey - Millsboro,	Delaware	
Conditions, if any, which gave coe to immediate more or, storing the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE  (e)  CONDITIONS CONTRIBUTING	SQUENCE OF		INAL DISEASE OR CONDITION O	IVEN IN PART TO	
IN DATE OF OPERATION	1% CONDITION FOR WH	HCH OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDING TIFYING CAUSES OF YES [7]	SS USED OF DEATH?
THE ACCEPTATE WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		DAY YEAR	TIL HOW INJURY OCCURS	RED TENTH NATURE OF HILLIES OF TENE	E FHET CONFACT 21	766
THE INJURY OCCURRED  WHITE IN HOT WHITE IN  AT WICHE	Zie PLACE OF INJURY 141 HOME STREET, FACTORS, OFF	ICE TARM, ETC.)	211 LOCATION	CITY ON TOWN	COUNTS	STATE
saw the deceased alive o	on wew the body offer death	0 5 / an	DEGREE  ATTENDING PHYSICIAN  The ADDRESS  Salisbury,	to	19 the	
BURIAL CREMATION, REMOVA			emetery or crematory	Canada fa in	COUNTY	Dol

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE TORS

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTEN retained by the haspital

Millisboro, Delaware



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			STATE OF	MARYL	AND	
E	PART	MENT	OF HEAL	TH AND	MENTAL	HYGIENE
E	NCAL	EVAL	AINIED/C	CERTI	EICATE	OF DEATH

3 2 2 6

	- S	TATE		ME	DICALE	XAMIN	ER'S	CERTIFIC	CATE	OF DE	TH REG. NO	0.	d Em	-
	1. DEC	EASED NAME	FIRST		MIDDLE	-C-4-G-1		LAST			20. DATE KNOWN D		DAY YEAR	26. HOUR
	(IIII)	OR PRINT)	DEN	NIS	R.	I	DUDL:	EY			DEATH MATED	6-6-	81, 6	30P <sub>M</sub>
	3. SEX Ma		White	5. DATE OF BIRTH	YEAR 62	18 YE	ARS IF UN AY) MONT	DER 1 YR.	IF UNDER	24 HRS.	PRONOUNCED 6-	6-81	DAY YÉAR	2d. HOUR
7	FOR	THPLACE (ST		76. CITIZEN OF W		FRY?	8. MARR WIDOW	IED   NE	VER MARR		9. BALTIMORE CITY O	_	OF DEATH	MD.
0		Salis		11. NAME OF HO	ACILITY, GIVE ST	REET ADDRESS)				FOR	UAL OCCUPATION (TYP MOST OF WORKING LIFE) 'echniciar		OR INDUSTR	
5	USUAI 13a. ST		IF IN NURSING HOME OF INC.	rother institution, or the George	13c. CITY	BEFORE ADMISSI OR TOWN Lanh		13d. INSIDE C	ITY LIMITS?	13e STR	125 5th S	St.	597	
0		hn D.	Dudley	MIDDLE		AST		Ne			.tzer		LAST	
7		AS DECEASED	EVER IN U.S. ARA			IAL SECURIT		17. INFOR		13.35	ADDRESS			
~		None			212	2-92-5	5469	Joh	n Du	dley	(Father)	Same	as ab	ove
			F DEATH (Enter onl	014									APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		C A do		E CAUSE (o)	Fract	ured	Sku	11						
	5	Conditions, if ony, which gove rise to immediate (b) Crushed Chest.										Y 9	sudden	
		couse (o) lying cou	stoting the <u>under</u> - se lost.	DUE TO, OI	R AS A CON	SEQUENCE	OF							Name of
	NO	PART 2 DTHER SIG	GHIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEAS	E DR CONDITIO	N GIVEN IN PA	ART 1 (a).				
2	CERTIFICATION	19a. DATE OF	OPERATION	196. COND	ITION FOR V	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPSY	мож.
3		UNDERLYING	OR CAUSE OF E	216. TIME OF HOUR #2	M. MONTH	-81 YEAR				vehi	nature of injury in ITEM 18	Lved	in col	
	MEDICAL	216. INJURY C	NOT WHILE AT WORK	STREET, FA	OF INJURY	(C.)		OCATION STREET 2	mil	oc es e	ean Pines	59 S	ceste	r, Må.
ン		220. I certif	fy that I took charg	e of the remoins de	escribed obo	200	Autor	osy , Homi	Inspectio	-	Inquiry  o	nd in my opin	ion	
		ACTUAL SIGNATURE	A	L.R.				TITLE (S	puty		DICAL EXAMINER	DATE SIGNED	6-8-8	1
ス		(TYPE OR PRI			er, l			ADDRESS_			len Ave.,	Sali	sbury,	Md.
	230.BL	IRIAL, CREMA	TION,REMOVAL 2	3b. DATE		NAME OF CE				CITY	OCATION FOR TOWN	COUNT	Y 51	ATE
	Bu	urial		6/10/81							centwood,	PG		land

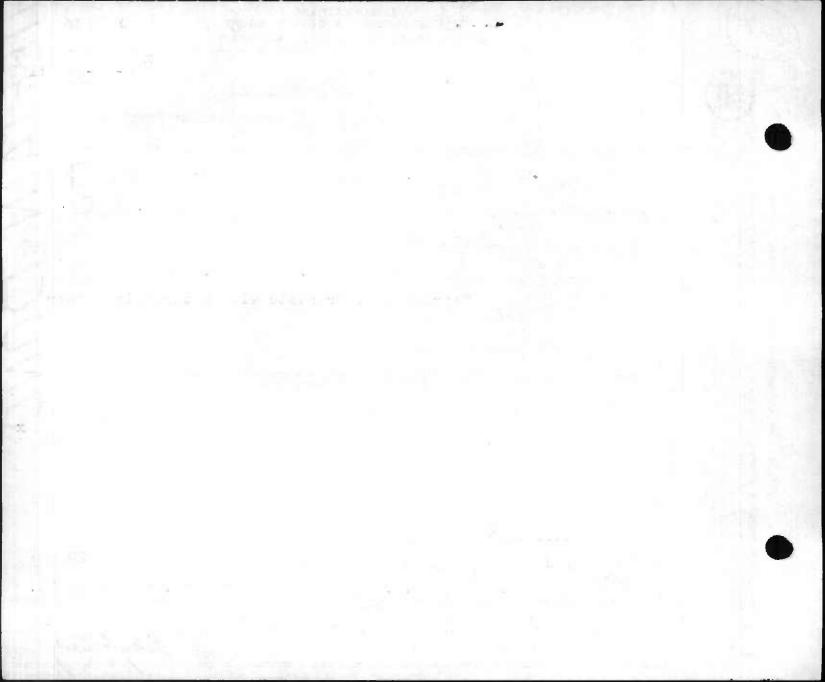
BP. DHMH - 17 IVR A15 ME (5)) 15M 7/76

Hines-Rinaldi, Silver Spring, Md.

125 11 11 252 military chargest bonder . . ENTER A PARTY OF THE PARTY OF T de la la la cara salla S. 18 la cara la la cara la car AND TOTAL LEGIS OF THE PARTY OF

	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND  OSPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.
		CEASED NAME FIRST JOH	1 con ou 1 com 38,178/ 13'
)ge 4 mo	1 SE	Male	White  S. Date of Birth  Month  Day  YEAR  June 17, 1913  6. A E (IN YEARS LAST BIRTH DAY)  MONTHS  WONTHS  DATS  HOURS
deoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	7b. CITIZEN OF WHAT COUNTRY?   8   MARRIED   NEVER MARRIED     9 BALTIMORE CITY OR COUNTY OF DEATH   WICOMICO     WICOMICO
rs offer of the little of the	1	alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
filled in bound be	130.	AL RESIDENCE (IF MURSING HOM STATE 13b. CC Maryland Wi	Comico Salisbury   13d. Inside City Limits?   Rt. 7, Kaywood Drive
ompletely and 2 at 2		ATHER'S NAME FIRST John Hen	modile LAST SMAIDEN NAME FIRST MIDDLE LAST  TY Farlow Gertrude Daisey Brittingham
be execu-			ARMED FORCES? 166 SOCIAL SECURITY NO 117 INFORMANT (SISTER)  II 218-07-7035 Mrs. Anna Belle Brittingham same as 13
equires that the death is signed by the attend. Then please terrave car to burial, eventuation, and injury, or after traumati	NO	Conditions if only, which gave the to immediate course in atomic the underlying course last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The low rection.  It has been still permit.  Giene prior shows any if	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. AUTOPSY? 20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO YES NO
DING PHYSICIAN: The or ottending physicial After this certificate to as the burial-transit ofth and Mental Hygin marked or them 18 shall marked or them 18 shall appropriate the second that the shall appropriate the second	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK AT WORK  220.1 certify that (I) (this ha	HOUR A.M. MONTH DAY TAR.  P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  21l LOCATION  S
by the hospital by the hospital ERAL DIRECTOR: e detached for us Stote Dept. of He ANT: If them 21 is		saw the deceased alive	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (6/28)
retoined by the TO FUNERAL I Should be deto with the Stote [IMPORTANT: If	230	OSWALD .	J BURTON MD KAY AVE. SALISBURY MD 21801
BP		Burial	7/1/1981 Parsons Cemetery Salisbury, Wicomico, Mary
DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director LLOWAY FUNERAL	HOME, Salisbury, Maryland    250. DATE REC'D. BY REGISTRAR 256. REC'D. BY REC'D. BY REGISTRAR 256. REC'D. BY REC'D. BY RE

	1.	FOR	- DEPA		MARYLAND TH AND MENTAL H	HYGIENE	16	9 2 4
	11-	STATE REGISTRAR	MEDICA	AL EXAMINER'S	CERTIFICATE C	OF DEATH REG.	NO	
/		CEASED NAME FIRST	MIDDL	E	LAST	28. DATE KNOWN		DAY YEAR 2b. H
of the contract of the contrac	(TY	E OR PRINT)				OF ESTI- DEATH MATED	1 01	6-8,1 6:1
A	3 SE	Charle Charle	S DATE OF BIRTH		erguson Under i yr. Tif under		MONTH	DAY YEAR 2d)
1			MONTH DAY YE	me military me	NTHS DAYS HOURS	MIN PRONOUNCED		
ر	70 B	ale White	12/26/191	ILINTPY?		9 RAITIMORE CIT	June 26	
10	FC	PREIGN COUNTRY)		MA	RRIED NEVER MARR	RIED U		V. 327
2000		ndiana	USA		OWED DIVORO	128. USUAL OCCUPATION		KIND OF BUSINES
7			(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	THER HASTITOTION	FOR MOST OF WORKING LIFE)		OR INDUSTRY
_		alisbury AL RESIDENCE (IF IN NURSING HOME C	108 Lois			Retired	<b>A</b>	ir Force
1		TATE 13b. COUN		CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
-	_		omico Sa	lisbury	YES NO	1200 2020 11	ve.	
3.	14. F	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAID FIRST	EN NAME MIDDLE		LAST
11		scar		juson	Iris		(unkno	own)
1	16a. \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	ADDR	sa:	me as 13
1		es WW I		6-18-9151	Mrs. Au	drey M. Ferd		(wife)
		18. CAUSE OF DEATH (Enter an	ly ane cause per line far (a'					APPROXIMATE INTERV BETWEEN ONSET AND D
		PART I DEATH WAS CAUSE	TE CAUSE (a) Car	cinoma of	Prostate	with Metas	tasis	year
		1850		CONSEQUENCE OF				
		Canditians, if any, which	(1)					
5		gave rise to immediate cause (a) stating the <u>under-</u>		CONSEQUENCE OF				
1		lying cause last.						
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DIS	FASE OR CONDITION GIVEN IN PA	APT 1 I.G.		
	Z				and the control of th	CRI I Mail		
-	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION	WAS PERFORMED?			20. AUTOPSY?
2	5							
1	1 5	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJUI	RY [2]6	HOW INTURY OCCUPRI	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART	YES NO
-	10	UNDERLYING OR CONTRIBUTING CAUSE OF		NTH DAY YEAR		The same of the sa		
-	MEDICAL	214 INTURY OCCUPPED	DEATH P.M. 21e PLACE OF INJ	URY (ATHOME. 21f.	LOCATION			
	ME	WHILE NOT WHILE C	STREET FACTORY FA		STREET	CITY OR TOWN	COUN	ITY ST
		AT WORK AT WORK						
2		22s. I certify that I taak charg	ge of the remains described	abave, held an Au	apsy , Inspectio	an Inquiry I	and in my apin	ian
3		death resulted fram: Not	ral causes X Accid	ent , Suicide [	, Hamicide	Undetermined manner	<u> </u>	
AK		1	2		TITLE (SPECIFY)			
ž –		ACTUAL SIGNATURE	10		M.D. Deputy	MEDICAL EXAMINER	DATE	6/29 /81
OR	-	1 hours	~		2			
C	>-	(TYPE OR PRINT) Ear	cl L. Royer	, M.D.	_ADDRESS_409	Camden Ave.	Salis	bury Md.
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23a. E	URIAL, CREMATION, REMOVAL 2	73b. DATE	3c. NAME OF CEMETER		23d. LOCATION		,
	B	urial 6			tional Cem.	Arlington	COUNTY	Virginia
	24. F	LINERAL DIRECTOR	, ,		25g DATE	REC'D. BY REGISTRAR	STEARS SW	PLATABLE
5))	H	OTTOWAY FUNERAL	HOME, "Salish	oury, Maryla	ina	1 - 1981	wifty /	Le Chronis
					1 30		1	1
/80	. 5						-	



completely filled in by the fig. 1 and 2 should be filled with

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cishauld be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

IMPORTANT: If Nem 21 is marked or Item 18 shows ony injury, ar ather troumatic event, the

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### STATE OF MARYLAND

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1 -	STATE REGISTRAR			FICATE OF DEATH	GIENE B REG. N	0.	7 2 3			
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH . DAY	YEAR 2b. HOUR			
(TYPE	HELEN	VIRGIN	14 6	UNBY	1 50	INE 15,19	181 2PM			
3. SE:		4. RACE		OF BIRTH	6. AGE IN YEARS LAST BIR					
	FEMALE	NEGRO	3 MON	TH 20 1900	8,	YRS.	DAYS HOURS MIN.			
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	<b>V</b>	9 BALTIMORE CITY	R COUNTY OF DE	ATH			
	IEPUXENT, MD.	U.S.A.	WIDOW	ED 🔀 NEVER MARRIED 📙 /ED 📗 DIVORCED 🗌	Wicomico		MD.			
Sa	lisbury	(IF NOT IN SUCH FACIL	TAL, NURSING HOME ITY, GIVE STREET ADDRESS)  General	Hospital	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) [ND	KIND OF BUSINESS OR USTRY			
13a, S		OR OTHER INSTITUTION, GIVE RE JINTY 136. C CESTER	SIDENCE BEFORE ADMISSION ITY OR TOWN BERLIN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS ROUTE #	4 Box 4	65			
-	HENRY	WIDDLE	HENRY	15. MOTHER'S MAIDEN NO.	AME	MA	SSEY			
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b S	OCIAL SECURITY NO.	17. INFORMANT	ADDR					
	NO	22	0-32-15/5	PODGER GUNL	N JR.	SAME 4:	s Above			
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only ane cause per line for ED BY: ATE CAUSE (a)	Scignel	desar	lu.	35	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH			
	Conditions, if any, which gove rise to immediate cause (a), stating the	(b)	CONSEQUÊNCE OF	I fluou	elever		'e meen bly			
	underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)									
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN P	ART 1(o)			
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		JRY MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR	PART 2)			
5	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF IN	19	211. LOCATION						
MEDICAL	WHILE NOT WHILE AT WORK		CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COL	INTY STATE			
	220.1 certify that (I) (this hosp saw the deceased alive a abave, (I) (we) (did) (did n	0-15	190	and that in (my) (aur) apiniar	to to death accurred on the d	ate and hour and fr	om the couses stated			
	22b. SIGNATURE	idi, view the budy difer	Jeum.	DEGREE		220	. DATE SIGNED			
	CU G	Elles.	MI	ATTENDING PHYSICIAN	MEDICAL STA		Co-15-81			
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS						
	WILBER R.	ELLIS MI	٥	KAY AUE.	SALISBURY	mo				
230.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	) 4 / COUNT	Y A STATE			
	BURIAL	6-20-8	EVERG	REEN CEM.	BERLIN	Worcest	ER Marula			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

(SPECIAL)

24. FUNERAL DIRECTOR

NAME

WHE Y MEMO

1981 8

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

Sallayory peringula ferrest tendent very les 

)	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	6 1 2 6
		CEASED NAME FIRST OR PRINT)  Joan	Laverne	Holchak	June 14 198	-05
747	3. SE>		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 2
1		emale	White	Dec. 18, 1927	53 YRS	
Jun	7a. 81	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
11		ashington, D		WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Wicomico	The many as and the
80	Sa	lisbury	Peninsula G	eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	12b. KIND OF BUSINE INDUSTRY
35	13a. S M.	aryland Pr.	Georges Hyat	tsville   NO	13e. STREET ADDRESS 6206 Balfour	Drive
60		THER'S NAME FIRST Francis		nallen Elizak	oeth Jean	Ruby
2			RMED FORCES? 16b. SOCIAL SEC		Halchak (husba	and) same
ar ather troumat		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONTRIBUTIONS CONTRIBUTIONS TO	JENCE OF Colinary  JENCE OF COLI	AINAL DISEASE OR CONDITION GIVE	Loan Loan NIN PART II O
	NO O	Sent	- real	il rellet		
	TIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY YES N YES	ING CAUSES OF DEAT
2	CAL CERTIFICATION	Henrit	21b. TIME OF INJURY HOUR A.M. MONTH [		IN CERTIFY	ING CAUSES OF DEAT
3	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH [	21c. HOW INJURY OCCUR 19 211. LOCATION	YES NOT YES	ING CAUSES OF DEAT
n Z I is morked or Ifem 18 shows any injury, or		190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  SOW the deceased olive oo obove, (1) (we) (did) (did of	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 211. LOCATION STREET 19 , ond that in (my) (our) opinion	YES N IN CERTIFY YES PARED (ENTER NATURE OF INJURY IN ITEM 18, PAR	ING CAUSES OF DEAT NO [ RT   OR PART 2)  COUNTY 5
If them 21 is morked or item 18 shows (		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [HETIMER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE 276 1 Certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did in 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	PARY YEAR 19 211. LOCATION STREET  , ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	YES NICERTIFY YES NED (ENTER NATURE OF INJURY IN ITEM 18. PAR	COUNTY S
23	MEDICAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORS  SOW the deceased olive o obove, (1) (we) (did) (did of 22b. SIGNATURE  22d PHYSICIANS AMAGE  G.	216. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, out all attended the deceased from, on the control of th	PARM, ETC.)  21t. HOW INJURY OCCUR  19  21t. LOCATION STREET  , ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 22e. ADDRESS  Locust + Qui	YES NET YES  RED (ENTER NATURE OF INJURY IN ITEM 18. PAR  CITY OR TOWN  death occurred on the date and hour of the date and hour of the date of the da	COUNTY S
	WEDICAL MEDICAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE AT WORK AT WORK Sow the deceased olive o obove, (I) (we) (did) (did not obove, (I) (we) (did) (did not obove, (I) (we) (did) (did not obove).	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Dital) attended the deceased from, (A) view the body after death.  Green, M.D. L. 23b. DATE  21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 194  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, D) 194  Green, M.D. L. 23b. DATE  23c.	PAY YEAR 19 211. LOCATION STREET  , ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	YES NED VES  RED (ENTER NATURE OF INJURY IN ITEM 18. PAR  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN   23d LOCATION  CITY OR TOWN	COUNTY SOME AND COUNTY SOME AN

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John G. Breen, M.D. Longit + Film, Stell Stellis ty, Maryland

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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;

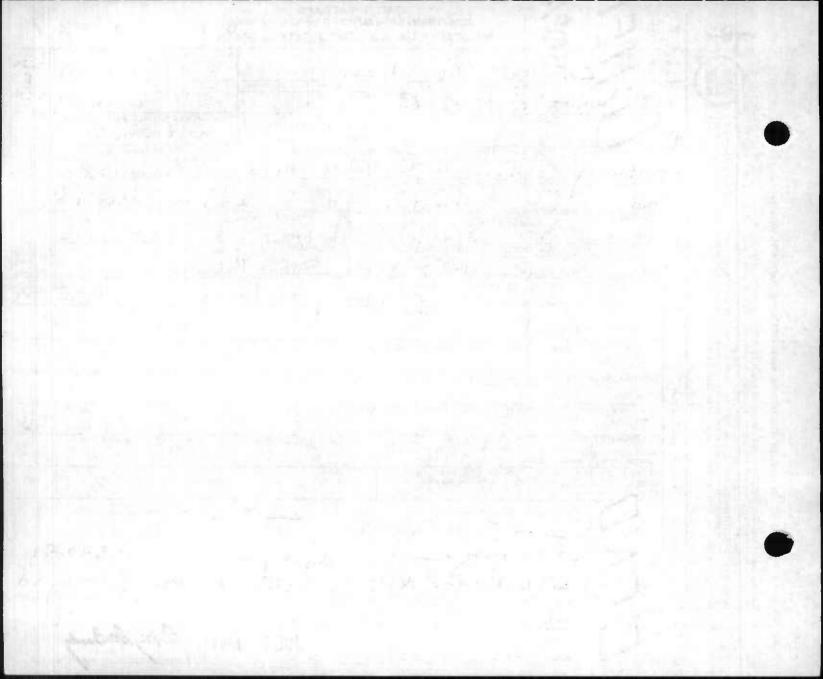
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TO BURIAL,

ICATE SHOUL THE WORD "PE THE CHIEF

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 29. DATE KNOWN 2b. HOUR LTYPE CR PRINTS OF 5134 Charles DEATH MATED 26 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 4. RACE IE UNDER 24 HRS DATE LAST BIRTHDAY 530 MONTHS PRONOUNCED 15 DEAD 66 YRS Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FE BIRTHPLACE MARRIED NEVER MARRIED OMEDIA COUNTRY) DIVORCED [ M RYLAND WIDOWED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 112b. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH OR INDUSTRY 124 STREET ADDRESS 134 INSIDE CITY LIMITS? 13a. STATE Mo NO P 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST MARGARET IAURICE 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) W.W. II 415 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: USION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO W 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK AT WHILE STREET COUNTY STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 22a, I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Hamicide Accident Undetermined monner death resulted from: Suicide TITLE (SPECIFY) TYPE OR PRINT ADDRESS. 23d. LOCATION 24. FUNERAL DIRECTOR



	FOR STATE REGISTRAR		DEPART	TMENT OF HEA	OF MARYLAND LITH AND MENTAL HYO ATE OF DEATH	GIENE 8   REG. NO.	169	2 8
one 3	I. DECEASED NAME	CHARLE.		Has	tings	20. DATE OF DEATH MOD	22 1981	130
	3 SEX  Male.  70 BIRTHPLACE (STATE)		(aucasian	5. DATE OF	5, 1901	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	COUNTRY 2	aware	USA	MARRIED	DIVORCED [	9 BALTIMORE CITY OR C		MI
The second secon	Salisbury		PENTISHEUT AVE GE	emeral	Hospital	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Minister	PRKING LIFE UNDUSTRY	spell h
shauld by filled is	130. STATE Delaware 14. FATHER'S NAME	Sus	13c. CUY OR TO	Ž <sup>N</sup>	d. INSIDE CITY LIMITS?	130 STREET ADDRESS	l Hgy.	
completely s 1 and 2 st	Thomas 160 WAS DECEASED EVE		Hastings  ED FORCES? 166 SOCIAL SEC		FIRST PARTIE	MIDDLE	Records	100.57
cion ond crs. Pages	(YES, NO OR UNKNOWN)	(IE YES, GIVE W	var OR DATES) 203 22	027/1		ene J. Hasting		19950 Del
requires mor the acoth certhicology is a signed by the attending phy.  Then please remove corbonpol or to burial, cremation, or removir injury, or other fraumatic event	Conditions, if on gove rise to in couse (a), statumentlying couse	y, which mediate ing the e lost	1		Carde  DT RELATED TO THE TERM	A Vancular  MINAL DISEASE OR CONDITI	- Distan	Jons
cion.  e has being sit permit giene price.	190. DATE OF OPER.		196 CONDITION FOR WHICE			YES NO	b. IF YES, WERE FINDING CERTIFYING CAUSES O YES	SS USED OF DEATH?
THE LOS ATTRICTANTS  by the hospital or after other depressions  of eleoched for use as the burdal-rich  tote Dept. of Health and Mental Hy,  NT: If them 21 is marked or them 18 s	OR CONTRIBUTING (IF EITHER NOTIFY MEI  21d INJURY OCCUI  WHILE NOTIFY AT W  220 1 certify that (  22b. SIGNATURE	CAUSE OF DEATH DICAL EXAMINER)  RRED  WHILE DORK  I) (this hospital	A distribution of the control of the	FARM, ETC.)  DEC	LOCATION STREET  19  hat in (my) (gur opinion GREE  ATTENDING PHYSICIAN [	city of I fund death occurred on the date of Director Physician	COUNTY  19 5 , the ond hour and from the co	
etoined by TO FUNER should be owith the Ste		wald	Burton		Kay Aver	rue Sale	shury, )	nd.
BP MH-16 50M 1/81 (VRA 15, 4)	230 BURIAL, CREMATION (SPECIEY)  BURIC  24 FUNERAL DIRECTOR	1	6/28/81 0	dd Jelle	ETERY OR FREMATORY  DWS Cemetery  250. DRT	23d. LOCATION CITY OF TOWN Launel E REC'D. BY REGISTRAR 25b.	COUNTY DE REGISTRAR'S SIGNATUR	STATE
(-11/10/4)	nomen L.	ULAhai	roon box 678 Lo	aurel, l	el 19956 11	N 2 6 1981	mary 100-00	1

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 in	
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STATE OF MARYLAND

	1 -	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. N	0.
		CEASED NAME FIRST OR PRINT) Harvey	Prettyman /	+ASTINGS	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 2
	3. SE>		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
	7. 00	MALE	White	March 9, 19		YRS
0	0	RTHPLACE (STATE OR FOREIGN alisbury, Md	USA	MARRIED NEVER MARRIE WIDOWED DIVORCE	D	OR COUNTY OF DEATH
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS OF
		alisbury	Peninsula Ger	meral Hospita	1 Roofing	Supervisor .
5	13a. S	TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	WN 113d INSIDE CITY LIM		tt Street
	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAID	EN NAME	
9		Harvey P.	Hastings			Mumford
			RMED FORCES? 16b. SOCIAL SECTION (VE WAR OR DATES) 216-12-		Pauline Has	same as 13
	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	JENCE OF	200 AÜTÖPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		2   0. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE		DAY YEAR	YES NO	
	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TO	OWN COUNTY STATE
		sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body after death.	ond that in (my) (eur) o	pinion death occurred on the d	, 19 , that (I) (we) lost one and hour and from the causes stated
		22b. SIGNATURE			ING MEDICAL STA	FF 6/17/8/
	2	22d PHYSICIAN'S NAME (TYPE	OR PRINT)  ORM 550	22e ADDRESS 1300 5. 0	IUISION ST S	ALISBURY MO 2180
	( !	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMA	TORY 234 LOCATION	COUNTY
		Burial	6/20/81 W	icomico Mem.	Park Salisbu	
		INERAL DIRECTOR		2:	So. DATE REC'D. BY REGISTRAR	25 GINRARIS TO THE
	H	OLĽÓWAY FUNEI	RAL HOME, Sali	isbury, Md.	JUN 2 2 1981	1

DHMH-16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by the funishould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours offer

retained by the haspital or attending physician.

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STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HYGIENE		1	6	9	3	(
CERTIFICATE OF DEATH	REG. NO.					

1981

1 -	FOR STATE REGISTRAR	, DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 REG. NO	10.	7 3	0
ITYPE	CEASED NAME FIRST France:	-	H	earn	June	MONTH DAY 6 19	781 25 H	723 1008 1008 1008
3. SE)	x 'emale	White	5. DATE O	ог в ктн Ту 17, 1907	6 AGE (IN YEARS LAST BIRT	RTHOAY) IF UNDER	DAYS HOUR	NDER 24 HRS IRS MIN.
P	Pittsville, M	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIEI WIDOWE	ED NEVER MARRIED X	BALTIMORE CITY O WICOMICO	OR COUNTY OF DE	ATH	MD.
Sa	alisbury		Genera	or other institution al Hospital	120 USUAL OCCUPATION OPERATOR		KIND OF BUS DUSTRY Mfg.	SINESS OR
13a. S D	ALRESIDENCE (IF NURS COMMISSION OF STATE  Delaware Sus	13c. CITY OR T Seaf	TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 625 McKea	an Stree	et	
	Guy	MIOOLE Hear	cn	15 MOTHER'S MAIDEN NAM	Ellabe	eth	Denni	LS
13	WAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES, GIVI	NE WAR OR DAZES	SECURITY NO. 10-6415	A Mrs. Eliz	ister) ADDRE zabeth Fig	igs sa	ame as	s 13
NOIL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS ACOUSE (c) CONDITIONS CONTRIBUTING	EOUENCE OF	y Wear	Faret Disease MINAL DISEASE OR CONE			
CERTIFICATION	194 DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATION		200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES	CAUSES OF DE NO	JSED EATH?
MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK AT WORK 220.1 certify that (1) (this hospital of the december of the	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	19 Om	216. HOW INJURY OCCURR  211. LOCATION STREET  , 19  nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN  22e ADDRESS	CITY OR TOV	, 19 ote and hour and fre	unity , that (I	s stoted
23a. B	BURIAL, CREMATION, REMOVAL		23c NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CON	10	£2 A75
B	Burial	6/10/81	Wicomi	ico Memorial	l Park, Sal	lisbury,	Wic.	Md.

HOLLOWAY FUNERAL HOME, Salisbury, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove carbanapapers. Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumatic event, the

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ION OF VITAL RECORDS, 201 W. TRESTON ST., BALLIMORE, MARICANO ZIZO	HYSICIAN: The low requires that the death certificate be executed within 24 hours attendently. Page 4 maining physician.	his certificate has been signed by the ottending physician and completely filled in by the funeral director.

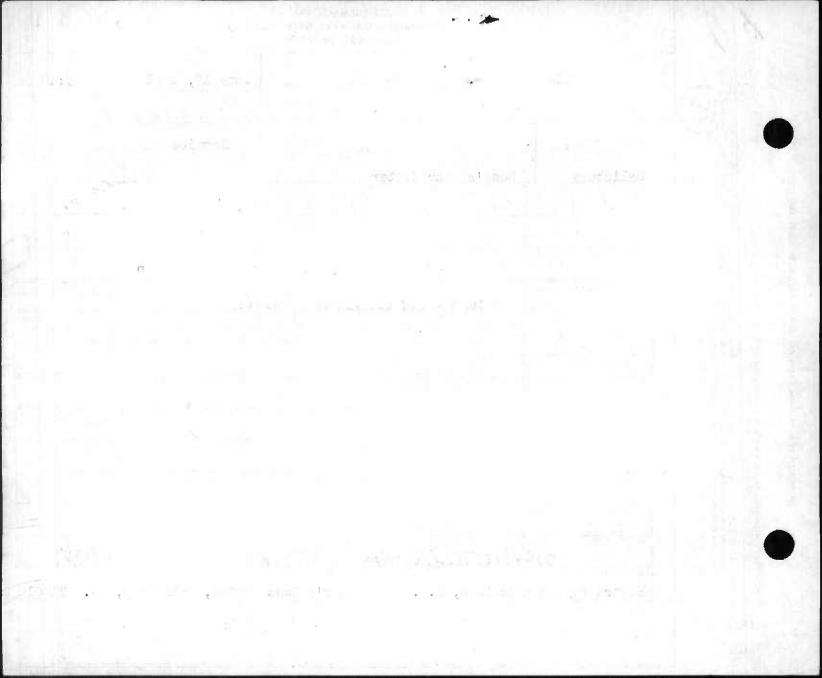
Aug. 10, 1903    Aug. 10, 1903   // YRS.     BALTIMORE CITY OR COUNTY OF DEATH   WIDOWED   DNORCED   Wicomico     NG HOME OR OTHER INSTITUTION   120, USUAL OCCUPATION   120, KIN     MADDRESS   CT   CT   CT   CT   CT     Main St. Exert Address   CT   CT   CT     Main St. Exert Address   CT   CT     Main St. Exert Address   CT     Main St. Exert Addr	5:110 EAR IF UNDER : HOURS HOURS RY
S. DATE OF BIRTH  AUG. 10, 1903  8  MARRIED NEVER MARRIED WIDOWICO  WIDOWED DOWNCED WICOMICO  NG HOME OR OTHER INSTITUTION ITADRESS!  ADDRESS!  ON 13d. INSIDE CITY LIMITS?  YES NO RELATION REL	DOF BUSINES
Aug. 10, 1903 77  Aug. 10, 1903 77  Aug. 10, 1903 77  Amarried & Never Married   Wicomico   Wicomico   Wicomico   Ng Home or other institution   126. USUAL OCCUPATION   174 DORESS   Chool Teacher   184 DORESS   YES   No   Rt. 1, Main St. Expension   185 Main St. Expension   186 Main St. Expensio	DOF BUSINES
**RS.   Paug. 10, 1903   Paug.   Paug.	td.
MARRIED NEVER MARRIED WICOMICO  WIDOWED DMORCED MICOMICO  NG HOME OR OTHER INSTITUTION  TADDRESS!  Enter  13d. INSIDE CITY LIMITS?  YES NO REAL 1, Main St. Expert Address  PLANDISSION  YES NO REAL 1, Main St. Expert Main S	td.
IZB. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST School Teacher  128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST School Teacher  128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST School Teacher  128. STREET ADDRESS Rt. 1, Main St. Experiments INDUST Rt. 1, Main St. Experiments INDUST Rt. 1, Main St. Experiments Industry	itd.
TADDRESS   CTYPE OF WORK FOR MOST OF WORKING LIFE   INDUSTREE   IN	itd.
IS ADMISSION)  VEN   13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS  YES   NO   Rt. 1, Main St. Ex  15. MOTHER'S MAIDEN NAME  FIRST  IDA  URITY NO. 17. INFORMANT ADDRESS  ADDRESS Same as  1-7701 Mr. H. Milton Hearne (busbar)  ADDRESS SAME AS  A	istt d)
13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS YES NO Rt. 1, Main St. Ex  15. MOTHER'S MAIDEN NAME FIRST Ida Lucille Merr ORITY NO. 17. INFORMANT ADDRESS ADDRESS Same as 17. INFORMANT ADDRESS Same as 18. APPRIL	istt d)
YES NO Rt. 1, Main St. Ex  15. MOTHER'S MAIDEN NAME FIRST  I I I I I I I I I I I I I I I I I I I	istt d)
PY Ida Lucille Merr  URITY NO. 17. INFORMANT ADDRESS Same as  -7701 Mr. H. Milton Hearne (husbar  Apprendict)  Alymphic of Wech  BENCE OF	13 id)
URITY NO. 17. INFORMANT ADDRESS SAME AS (husbar had(c).)  Add (c).)  A Lymphus of Wech  BETWEENER OF	13 id)
-7701 Mr. H. Milton Hearne (husbar hugh lymphma of Wech	
Herw bynphma of rech	
d lymphono of Nech	ROXIMATE INTERVEN ONSET AND I
DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	1101
OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIN	ID#IOC LICED
IN CERTIFYING CAU	SES OF DEATH
YES NOW YES TENDER OF INJURY OF INJURY OF INJURY IN ITEM 18, PART I OR PART	NO 🗌
AY YEAR	2)
21f. LOCATION	ST
FARM, ETC.)	
	, that (1) (w
, and that in (my) (our) opinion death accurred on the date and hour and from	the couses stat
	ATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1 - 1 -
122e. ADDRESS	19/8/
_	RM, ETC.) STREET CITY OR TOWN COUNTY  19 , to , 19 , and that in (my) (our) opinion death accurred on the date and hour and fram  DEGREE 226. D

TO HOSPITAL OR ATTENDING Pretained by the haspital ar offer 6/22/81 Springhill Mem. Gardens Salisbury, Wic., Maryland

250 DATE RECO. BY REGISTRAR'S 9 CHARLING

ADDRESS

A Burial
24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) HOLLOWAY FUNERAL HOME, Salisbury JUN 2 2 1981



requires that the deoth certificate be

ATTENDING PHYSICIAN: The law

TO HOSPITAL

etained by the hospital or ottending physicion.

nding physician and ramplemely carbon popers. Pages 1 and 2 sh

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

1	(3)	-2'	2
6	9	3	60

. UE	CEASED NAME FIRST	MIDDLE	. 0	AST	REG. 2a. DATE OF DEATH		DAY YEAR	76 64
(TYPE	E OR PRINT!		11.00		Zu. DATE OF DEATH	MONTH		3 H
	Joyce	Faye	HICK		JUNE	18,1	1981	_
3. SE	X	4 RACE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
	FEMBLE	White	Apr	11 8, 1926	55	YRS.	2 10	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
I	Maryland	U. S. A.	WIDOWE		Wicomic	0		
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME O		12a USUAL OCCUP	ATION	126. KIND	
	lisbury	Peninsula	General	Hospital	Housewi:		LIFE) INDUSTRY	-
USU.	AL RESIDENCE (IF NURSING HOME (STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE JNTY 134, CITY O		113d INSIDE CITY LIMITS?	13e. STREET ADDRES	S		
975			ford	YES NO W	1103 S.	FF0 -	Hwv.	
14. F.A	ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME			
Po	FIRST ROSTED		AST	FIRST	WIDDLE		l	AST
	R. ROSWE	The state of the s	AL SECURITY NO.	Edna Robin		DRESS		
		INE WAR OR DATES!					2 50	
no		KT2-5	20-1581	Jack W. H	1ckman	seafo:	rd, De	
	18 CAUSE OF DEATH (Enter	only one couse per line for ion	(b), ond (c).)	0.0 1	/		APPRO	XIMATE IN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Myo cardial infaretroin							hr
	Conditions, if any, which gove rise to immediate	10/						
NOI	couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(6)	onary +	Cerebrours	MINAL DISEASE OR CO			
TIFICATION	underlying couse lost.	(c) Cor	Onary P		200 AUTOPSY?	20b. IF YI	ES, WERE FIND	INGS US
CERTIFICATION	PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION  19b. CONDITION FOR 1  21b. TIME OF INJURY	ONAL PORTH BUT		20a AUTOPSY?	206. IF YI IN CERT	ES, WERE FIND TIFYING CAUSE YES []	INGS US
	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D	CONDITIONS CONTRIBUTION  19b. CONDITION FOR 1  21b. TIME OF INJURY HOUR A.M. MONT	ONAL PORTH BUT WHICH OPERATION TH DAY YEAR	n was performed	20a AUTOPSY?	206. IF YI IN CERT	ES, WERE FIND TIFYING CAUSE YES []	INGS US
	PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION  19b. CONDITION FOR 1  21b. TIME OF INJURY HOUR A.M. MONT	ONAL PORTH BUT	N WAS PERFORMED  21c. HOW INJURY OCCUP	20a AUTOPSY? YES NO	20b. IF YI IN CERT )	ES, WERE FIND TIFYING CAUSE YES 8. PART I OR PART 2)	INGS US
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	UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURSED  WHILE NOTIFY MEDICAL EXAMINATION OF COURSED	(c) CONDITIONS CONTRIBUTION  19b. CONDITION FOR Y  19b. CONDITION	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCUP	20a AUTOPSY? YES NO	20b. IF YI IN CERT )	ES, WERE FIND TIFYING CAUSE YES 8. PART I OR PART 2)	INGS US S OF DE NO
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	UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK  270. I certify that (I) (this has sow the deceased alive cobove, (I) (we) (did) (fid.)	(c) CONDITIONS CONTRIBUTION FOR STATE OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY. OPIOLO THE MONT OF INJURY (AT HOME. STREET, FACTORY. OPIOLO THE MONT OF INJURY (AT HOME. STREET, FACTORY. OPIOLO THE MONT OF INJURY THE BOODY STREET	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUP  21f. LOCATION STREET  21d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	200 AUTOPSY? YES NO CITY OF III CITY OF III death accurred on the DIRECTOR PHY	20b. IF YI IN CERT	COUNTY  19  22c. DAT	INGS US S OF DE NO
MEDICAL	UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINA AT WORK NOTIFY MEDICAL EXAMINA AT WORK NOTIFY MEDICAL EXAMINA 270. I certify that (I) (this has sow the deceased allowed above, (I) (we) (did) (did)	(c) CONDITIONS CONTRIBUTION OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, pitch) with the body with death of the power of the body with death of the power of the body with death of the property of the body with death of the power of the body with death of the property of the body with death of the power of the body with death of the body with the bo	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUP  21f. LOCATION STREET  21d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS  PEDICAL CEA	200 AUTOPSY?  YES NO CITY OF III  CITY OF CITY OF III  MEDICAL S  MEDICAL S  DIRECTOR PHY	20b. IF YI IN CERT	ES, WERE FIND TIFYING CAUSE YES  B PART I OR PART 2)  COUNTY  19  our and from th	INGS US S OF DE NO
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WEDICAL MEDICAL	UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D OR FEITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this has sow the deceased alived above, (I) (we) (did) (find)  111. SIGNATURE  BURIAL, CREMATION, REMOVA	(c) CONDITIONS CONTRIBUTION OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, pitch) with the body with death of the power of the body with death of the power of the body with death of the property of the body with death of the power of the body with death of the property of the body with death of the power of the body with death of the body with the bo	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  17  17  18  19  23c. NAME OF CL	21c. HOW INJURY OCCUP  21f. LOCATION STREET  21f LOCATION STREET  19 d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN 27e. ADDRESS  PEDICAL CEA EMETERY OR CREMATORY LEPHONS Cem	20a AUTOPSY?  YES NO CITY OF THE CITY OF TOWN  23d. LOCATION CITY OF TOWN  23d. LOCATION CITY OF TOWN	20b. IF YI IN CERT IN CERT IN STOWN  RTOWN  A dote and had the condition of the condition o	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	, that (I

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transity permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked at Item 18 shows any injury, at other troumatic event, the medical

deoth. Page 4 may be

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEP		HEALTH AND MENTA FICATE OF DEATH				0 9	3 3
	CEASED NAME	FIRST		MIDDLE	• ,	LAST	2 a	REG. I	MONTH	DAY YEAR	2b. HOUR
(TIPE		ohn	Irvi	200		tobking		June a	1. 10	181	3 33
S. SEX		4	RACE	ug	5. DATE	OF BIRTH	6	AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
Ma	le		Whi	te	Sep		- 1	73	YRS.	MONTHS DAYS	HOURS MIN.
a. BIF	RTHPLACE (STATE OR	OREIGN 7		WHAT COUN	ITRY? 8	ED NEVER MARRIE	9	BALTIMORE CITY	OR COUNT	OF DEATH	M. DON
4	amp, Md.		USA		WIDOW		_	Wicomic	0		М
Sa	iy or town of DEA Lisbury		1. NAME OF	CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTIO	(1	o. USUAL OCCUPA YPE OF WORK FOR MOST Retired F	OF WORKING LE	FE) INDUSTRY	e Co.
JŠUA	AL RESIDENCE HE NURS	ING HOME OF C	Pening	N. GIVE RESIDENCE	eneral BEFORE ADMISSION	Hospital		Necilea 1	II Cha	1 LIL	= 00.
13a. S	TATE	13b. COUNT	Υ	13c. CITY OR	TOWN	13d. INSIDE CITY LIM		STREET ADDRESS			
	ryland	Wicom	ico	Salis	bury	YES NO	_	808 Getty	sburg	Ave.	
I. FA	THER'S NAME FIRST	м	IDDLE	EAS	T	15. MOTHER'S MAIDI	ENNAME	WIDDLE		1A	SŤ
	George			<i>Hopkins</i>		Geneva		Jean		Tho	mas
	(AS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADD	RESS		
N		(11 723, 0172	WAR OR DATES)	217-1	.0-3602	Mrs. Esthe	er S	Hopkins	(wife)	same i	ac 13
NO	Conditions, if any, gove rise to imm cause (o), statir underlying cause	nediate ig the last.	DUE TO, (b)_  (b)_  DUE TO, (c)_	DR AS A CONS	SEQUENCE OF	T NOT RELATED TO THI	E TERMINA	AL DISEASE OR COI	NDITION GIV	VEN IN PART 1	0)
CERTIFICATION	190 DATE OF OPERA	TION	19b. CON	OITION FOR W	HICH OPERATIO	ON WAS PERFORMED	- 1	200 AUTOPSY?	IN CERTI	S, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERT	21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d, INJURY OCCUR	CAUSE OF DEAT	HOUR A	OF INJURY   .M. MONTH  .M.	DAY YEAR	21c HOW INJURY O		TER NATURE OF INJ	URY IN ITEM 18.	PART 1 OR PART 2)	,,,,
WE	WHILE NOT WE	IILE 🗍			FFICE, FARM, ETC	STREET		OH DET	1/0	саинп	STATE
	22a. I certify that the saw the decease abave (1) (100) (100)					and that lin(m) (ner) of	pinian dea	th accurred on the	date and had	or and from the	the (we) los causes stated
	776. SIGNATURE			26		DEGREE ATTEND PHYSIC		MEDICAL STA		22c. DATE	SIGNED
0	Chantor	AME (TYPE OR	Raal	-m	0	Penerana	6	General	hos	is ita	O Salit
13	URIAL, CREMATION,	REMOVAL	236. DATE			CEMETERY OR CREMAT	TORY	23d. LOCATION CITY OR TOWN	t	COUNTY	STATE
	Burial		6/24	/81	Parsons	Cemetery		CD. BY REGISTRA	Win	mico -	
	ineral director LLOWAY FUN	ERAL H	HOME, S	400	nece	- 25	JUN	123 1981	256. RESIS	HIT SHOW	y Lanc

BP DHMH-16 30M 2/80 (VRA 15, 4) 

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leath certificate be executed within 24 hours after	
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The	cian.
AN	physi
G PHYSICIAN: TI	Buipu
7	offend
TTENDIN	of or
ATTE	hospital
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ottending physician and completely filled in by the funeral dir tove carbanpapers. Pages 1 and 2 should be filed within 72 hou

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

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REG. NO.				

'	REGISTRAR			CERTIF	ICATE OF	DEATH	REG	NO.		
	CEASED NAME OR PRINT)	ORIA ND	E.	How	ard.	SR.	June.	MONTH 12	DAY YEAR	350
3. SE	X Male	4. RACE Whit		S. DATE O		ŏĞ	6. AGE (IN YEARS LAST	BIRTHDAY) YRS	IF UNDER 1 YEAR	
Ja. Bi	RTHPLACE (STATE OR COUNTRY)  Maryland	FOREIGN 76. CITIZEN O	F WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER	MARRIED [	9 BALTIMORE CITY Wicomic	_	TY OF DEATH	^
10. C	alisbury	ATH III. NAME O	HOSPITAL, NURS UCHECILITY, GIGGSTREI SUIA GEI				120 USUAL OCCUP (TYPE OF WORK FOR MO Carpente	ATION	LIFE) INDUSTRY	of Business o
13a S M	aryland	SING HOLLOR OTHER INSTITUTION OF SOME SET	13t. CITY OR TO	WN	13d. INSIDE (	NO X		s Box 15	3 A	
14. FA	Clarenc	WIDDLE	Howard			's maiden na First <b>Grace</b>	WIDDI		Marshaj	Šī.
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	216-16		Nina		rd - same	as 13	abcde	
N.	0,	mediate ng the e lost.  DUE TO, (c)	. /	DEATH BUT		Hemor Scular TO THE TERM	Orseas MINAL DISEASE OR CO	DNDITION G	JY 6	lays.
CERTIFICATION	190 DATE OF OPERA		DITION FORWHIC		N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF OBATH HOUR	of injury a.m. month i p.m.	DAY YEAR 19			RED (ENTER NATURE OF I	NJURY IN ITEM IE	B PART I OR PART 2)	
MEDICAL	21d. INJURY OCCUR	HILE (AT HOME,	E OF INJURY STREET, FACTORY, OFFICE	, FARM, ETC )	21f. LOCATI	ON	CITY OF	NOOT	COUNTY	STATE
		(this hospital) attended ed alive on	/ -		nd that in @	(our) opinion	deoth occurred on the	date and he		that(1) (we) le couses stoted
	22b. SIGNATURE	OS. 10	Hap		DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [	6/1	2/8/
	22d. PHYSICIAN'S N	1	illy me	,	Penir		eneral Hos	pital		bury, M

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 6/15/81 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN Baptist Kemetery Pocomoke Worcester

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE COUNTY

21801

24 FUNERAL DIRECTOR

Bradshaw & Sons

Crisfield, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

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FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO.	

6

	REGISTRAR		CEKTIFI	CALE OF DEATH	REG. 1	NO.		
(TYP)	CEASED NAME FIRST CHAPLES	Hollis	H	udson	20. DATE OF DEATH	MONTH	DAY YEAR	855/pm
3. SE	MAGIE	4. RACE	5 DATE OF	DAY YEAR	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAY	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8	20 19	9 BALTIMORE CITY	OR COUN		
D	LMAR DEL	U.S. A.	MARRIED		Wicomid			MD.
S	alisbury	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Peninsula	Seneral	Hospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
130 S	AL RESIDENCE (IF NURSING HOME O STATE 13b COU ARYLAND WIC ATHER'S NAME	OMICO DELI	MAR	YES NO	Bt. #	Be	x 63	
14. F	Bichard	MIDDLE HUO	SON	15. MOTHER'S MAIDEN NAM	MIDDLE		Bui	RtoN
	WAS DECEASED EVER IN U.S., AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL (IVE WAR OR DATES) 221-0	05-6362	OLIVIA A. HU	adde adson		Ame As	Above
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON.	SEQUENCE OF	lung Cem	in		APPRC BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION			200 AUTOPSY?	20b. IF	GIVEN IN PART  YES, WERE FIND RTIFYING CAUSE YES	INGS USED
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTWHILE AT WORK		19	216 HOW INJURY OCCURR 211 LOCATION STREET				
	22a I certify that (I) (this hosp sow the deceased alive or abaye, (I) (we) (did) (did in	6/11	19 PL and	that in (my) to Papinian a	to 6/	y date and l	19haur and from th	, that (I) (we) lost e causes stated
	22d. PHYSICIAN(S NAME (TYPE	OR PRINT)	m	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA DIRECTOR PHYSI	AFF ICIAN 🗌	6/	E SIGNED 4/81
	Joseph A.	GRASSO						
23a. E	BURIAL, CREMATION, REMOVAL	1 23b. DATE 6/9/81	Green A	Acres Cem.	Salisbur	217	Worces	ter. Md.
	UNERAL DIRECTOR NAME  VLEY MEMORIAL	ADD	Bt. 2 .	JERSEY Rd 250. DATE	REC'D. BY REGISTRAL	R 25b. REG		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

JOLLEY MEMORIAL CHAPEL

completely filled in by the

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IMPORTANT: If them 21 is morked or them 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Fewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or offending physicio Hudson Con Land Consolute

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carban papers. Fwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If them 21 is marked ar Item 18 shows ony

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ATTENDING PHYSICIAN: The low

retained by the haspital ar ottending physician.

TO HOSPITAL

(B)	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8   REG. NO.
be seath	1. DECEASED NAME F (TYPE OR PRINT)  Will	(Billy)	Hudson	20. DATE OF DEATH M
moy pa	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH
9e 4	Male	White	3/24/1928 YEAR	53

REGISTRAR	-		CERTIF	ICATE OF DEATH	REG. NO.		
DECEASED NAME FIRST (TYPE OR PRINT) Willia	(Billy)	dward		fudson	20. DATE OF DEATH MONTH	DAY YEAR 1 981	1 P M
. SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male	White	е	3/2	24/1928 YEAR	53 YRS.	MONTHS DAYS	HOURS MIN.
d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF COUNT	TY OF DEATH	WD
O. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE  Peninsula G					170. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING Printer	LIEEL INDLISTRY	ing Co.
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 13b. COUL  Maryland Wic		GIVE RESIDENCE BEFORE  130. CITY OR TOWN  Salisbu	V	134 INSIDE CITY LIMITS? YES NO	810 E. Willi	am Stre	eet
4. FATHER'S NAME FIRST Unknown	MIDOLE UI	nknown		15. MOTHER'S MAIDEN NA/ Unknowi		Unknov	wn
60. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	215-26		Mrs. Emil	ie M. Hudson	me as (wife)	1.3

6

	DADT I DEATH WAS CALISED BY	ne couse per line for (0), (b), and (c).) (: AUSE (0)	of hung.		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	d'issail	2-			
ATION	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease or con	DITION GIVEN IN PART	1(0)	
	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES		
MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY	YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR I				

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET 21d. INJURY OCCURRED COUNTY STATE CITY OR TOWN NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive of above, (1) (1916) (did not) view the body after death. and that in (my) (my) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE

M. SIGNATURE OF OF OR STATE	ATTENDING , MEDICAL STAFF	6/7/01
michael b. Onchuan	PHYSICIAN DIRECTOR PHYSICIAN	6/1/87
22d PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	

dicA. Michael P. Buchness 230 BURIAL CREMATION REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY

BP	(SPECIFY) Burial	Wicomico	Mem.	Park Caliabas	y, Wic.,	Marylar
AH-16 30M 2/80 (VRA 15, 4)	POLLOWAY F	ADDRESS		250. DATE REC'D. BY REGISTRAR 25	b. RECOSTRAR'S SIC 4	Ebrody

DHMH-1 (VRA 15, 4) Talkana and Carachan and Carach

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IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shaws any injury, ar other traumatic event, the medical

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE 8	1	1	6	9	3	7
CERTIFICATE OF DEATH	REG. NO.					

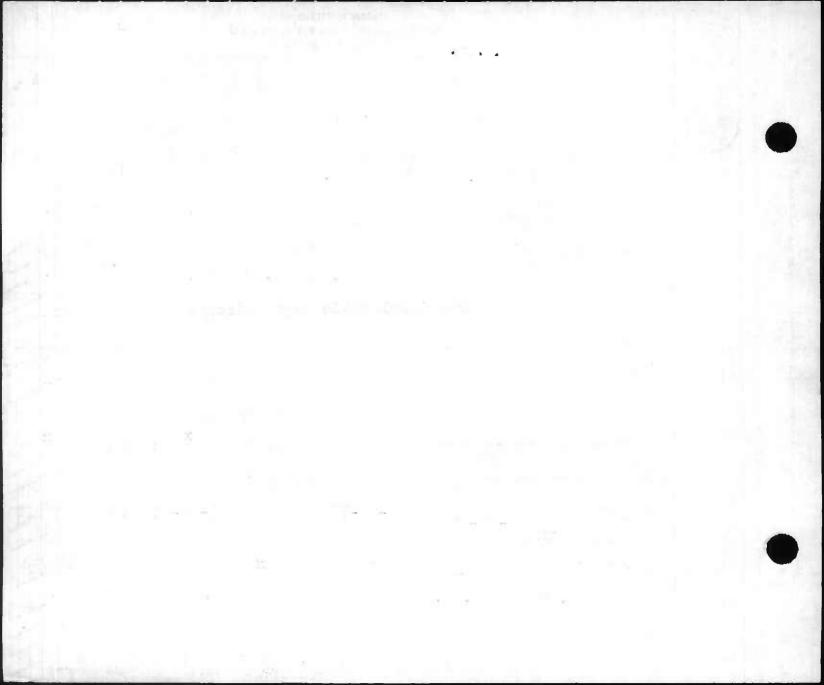
1 -	STATE REGISTRAR			DEPARI		ICATE OF DEATH		. NO.		
	EASED NAME	FIRST	1 /	AIDDLE	I	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE	OR PRINT)	Mary	Eli	zabeth	F	Hughes	June .	17, 19	981	AM
3 SEX	<		4 RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Fe	male		Whit	е	Aug		89	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	Y OR COUNT	Y OF DEATH	
	ryland		US.	A	WIDOWE		WICOMI	CO		MD.
	TY OR TOWN OF DI		11. NAME OF E	HOSPITAL, NURSIN	NG HOME	DR OTHER INSTITUTION	120 USUAL OCCUP.	ATION		F BUSINESS OR
	alisbur			Pinen		Ave.	Housewi	fe	none	5
130. 5	ALRESIDENCE (IF NU TATE Iarvland	136. COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRES	S Pine	hurst A	Ave.
	THER'S NAME			Darrox	<u>u </u>	15. MOTHER'S MAIDEN NA				
E	Benjamin		phard	Pusey		Letitia	Ja	ne	Wilso	on
160 V	AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT (SO	n) Quan	tico :	Rd., Bo	0x 349
N	10					Mr. Max P.	Hughes,	Sali	sbury,	Md.
	18 CAUSE OF DEA					rotic Heart			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
IION	Conditions, if on gove rise to in couse (a), statunderlying court	nmediote ring the se last	DUE TO, OI	R AS A CONSEOU	ence of	NOT RELATED TO THE TERM	minal disease or co	ONDITION GI	VEN IN PART 1(o	5)
IIFICA1	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	es, were findin Ifying causes es П	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UI OR CONTRIBUTING  (IF EITHER, NOTIFY MED  21d. INJURY OCCU WHILE  AT WORK  AT V.	CAUSE OF DEA	P./ 21e. PLACE C	M. MONTH D M.	19	21c. HOW INJURY OCCUR		NJURY IN ITEM 18,		STATE
	220.1 certify that ( saw the decea above, (1) (ye)	l) (this hospi sed olive on (did) (	iew the body	e deceosed from 19 ofter death.	, or	0-78 . 19	., 10	dote and ha		
	the	PLA	ne		- h	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [	6/	_
	22d. PHYSICIAN'S N		0			22e ADDRESS		_		
			yer, M			409 Camde	en Ave.,	Salis	bury, l	Md.
(5	URIAL, CREMATION	, REMOVAL	23b. DATE	1		EMETERY OR CREMATORY	Salisbu	2037 Fd	COUNTY	5 MATE
]	Burial		6/19/	8T 15	arson	s Cemetery	parisbu	TA M	TCOUTC	o, ma.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital or attending physician.

Burial 6/19/81 Parsons Cemeral Funeral Director HOLLOWAY FUNERAL HOME, Salisbury, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



0 00 DIRECTOR FUNERAL should be deter with the State IMPORTANT:

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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR THE CHESTON IN 1 SEX 5 DATE OF BIRTH III HE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Wicomico NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Salisbury Hospital Peninsula General ISO. STATE 13d INSIDE CITY LIMITS? 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which (b)\_ gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 71d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE AT WORK AT WORK 22a.I certify that (1) (this hospital) attended the deceased from sow the deceosed olive on\_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF GENETE 23d LOCATION 24 FUNERAL DIRECTOR ATTA

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours all

	_	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	1 6	9 3 9
	(TYPE	OR PRINT) MAUD	MIDDLE	JARVIS	June 19	1981	2 HOURS
	SE)	FEMALE	4. RACE  WHITE  Th CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH  MONTH DAY  6 - 21 - 05	6 AGE (IN YEARS LAST BIR	YRS YRS	ER I YEAR IF UNDER 24 H DAYS HOURS M
5	P	ENNSYLVANIA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	_	EATH
0	Sa	lisbury	Peninsula Ger	neral Hospital	PRACTICA L	OF WORKING LIFE) IN	KIND OF BUSINESS DUSTRY HEALTH
6	130 S	ELAWARE SUS		OTILE YES IN NO	13e STREET ADDRESS	CH STI	REET
3		TOLEDO	AIDDLE TINGLE		MIDDLE		-ONG
3		VAS DECEASED EVER IN U.S. ARA res. no or unknown) (1F yes, give	AED FORCES? 16b. SOCIAL SECU WAR OR DATES) 222-24	-3159 NORMAN	JARUIS	SELBYU.	TUE, DE
		Conditions, if any, which	DUE TO, OR AS A CONSEQUI	moles abyrea	tes		
	7	gave rise to immediate cause (a), stating The underlying cause last.	DUE TO, OR AS A CONSEQUION (c)	ENCE OF	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1/o
7	IIFICATION	gave rise to immediate cause (a), stating The underlying cause last.	ONDITIONS CONTRIBUTING TO		200 AUTOPSY?	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
1	RTIFIC	gave rise to immediate cause lot, stating The underlying cause lost.  PART 2 OTHER SIGNIFICANT COMMENT OF THE CONTRIBUTION OF CONTRIBUTION CAUSE OF DEAT (JEETHER NOTIFY MEDICAL EXAMINER)  11d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D. P.M.  216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	OPERATION WAS PERFORMED  AY YEAR 19 21f. HOW INJURY OCCUP STREET	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO	20b. IF YES, WERING IN CERTIFYING IYES THE INTERNIB PART LOR	E FINDINGS USED CAUSES OF DEATH? NO

DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the hospital or attending physician.

TO HOSPITAL

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the transmitted for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filter with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

SURIAL CREMATION, REMOVAL 23h, DAT

231 NAME OF CEMETERY OR CREMATORY

BOX ANA

Sussex D

ACORES AL PAGE DATE REC'D, BY REGISTRAR 254 BIGISTRAR'S PONTAGE

	1 -	FOR STATE REGISTRAR	DEPARTI		ATE OF DEATH	IENE 8	16	9 4 0
Ī		EASED NAME FIRST	MIDDLE	S	ones	20 DATE OF DEATH MO	HITH DAY YEAR	6 P M
3	SEX	Malo	1 RACE	5 DATE OF I	BIRTH DAY YEAR 14-1913	6 AGE (IN YEARS LAST BIRTHDA	YRS.	AYS HOURS MIN
53	N	RTHPLACE (STATE OR FOREIGN UNTRY)  ARY AND	U.S.A.	WIDOWED [		Wicomic	o Co.	MD.
90	S cit	ALISTURY	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET R. UGR WALK N		OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUS	ND OF BUSINESS OR TRY
25	ISUA ISUS	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW	UR4	M INSIDE CITY LIMITS?	527 ALA.	Ave Apt	15 SAlis.
22/		EdgAR	MIDDLE JONE	s	S. MOTHER'S MAIDEN NAM	MIDDLE	w	hite
the		(AS DECRASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 146 SOCIAL SECU (E WAR OR DATES) 317- 28		Lillian Jo	ADDRESS OWES 527A	In. AvE A	
y, or other traumatic event,		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), 1b), are BBY.  TE CAUSE (a)  DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)	ENCE OF	b structure	lung disea		PROXUMATE INTERVAL MEN ONSE! AND DEATH YM I II
hows	CERTIFICATION	PART 2 OTHER SIGNIFICANT  CONT  19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO  24 monale	ch.	monic co	1200 AUTOPSY? 12	TION GIVEN IN PAR 200. IKVES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED
ked or Item 18	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETTHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR	216 HOW INJURY OCCURE  216 LOCATION  STREET	RED (ENTER NATURE OF INJURY III  CITY OR TOWN	N ITEM 18, PART 1 OR PART	
Item 21 is ma		saw the deceased alive as	oital) attended the deceased fram.	81_, and	that (my)(aur) apinian	to 6 - 2 d		that (I) (we) last the causes stated
IMPORTANT: IF		224. PHY SIC AN'S NAME (TYPE O	Sulkely OR PRINT)	·m.	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	NO 6	.7581
 25M	( 5	URIAL, CREMATION, REMOVAL BUEIA JINERAL DIRECTOR	7-3-8/ T		METERY OR CREMATORY  QUARTER  256. DAT	234 LOCATION CITY OF TOWN DAMES GUARA E REC'D. BY REGISTRAR 251	COUNTY See Some	
1/79		Addies to Dis	EWARI WOSTRA	JH4	>, MQ.	- T 1901 1		W W

STATE OF MARYLAND

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FOR

ctor, page 3 after death

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	6	9	4	
8	•	-		

REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO	D.		
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	Į.	AST			MONTH	DAY YEAR	2b. HOUR
EDITH		H	JO	NES			JUNE (	6 1981	4:10 a
3. SEX	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	WHI	re	6 MONTH	16	1891	89	YRS.	MONTHS DATS	HOURS MIN.
A. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER A	AARRIED T	9 BALTIMORE CITY O	R COUNTY	Y OF DEATH	
Md.	U.S.		WIDOWE		VORCED	WICOMI	CO		MD
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INST	NOITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF			OF BUSINESS OR
SALISBURY	SALIS	SBURY NUR	SING	HOME		HOUSEWIF	£		
USUAL RESIDENCE (IF NURSING HOME 130. STATE 130. CO	or other institution dunty 1bot	130. CITY OR TOW Easton	N	13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS R.D. #2	Box	665	
14. FATHER'S NAME	Thor	Lastoi	T L	YES T	NO X		DOZ	. 003	
Charles	H.	Leveras	ge	Е	stella	A MIDDLE		Pe	ters
160. WAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDRE	SS	100	
(YES, NO OR UNKNOWN) (IE YES,	GIVE WAR OR DATES)	214-32-6	566	Daws	on G.	Kenton	Ea	ston,	Md.
18 CAUSE OF DEATH (Enter		r line for (a), (b), one	d (c).)		,			APPRO) BETWEEN	XIMATE INTERVAL
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	) (0/_	R AS A CONSEQUE		VD_	Gener	relized.			
PART 2. OTHER SIGNIFICAN	IT CONDITIONS C	ontributing to [	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CON	DITION GIV	VEN IN PART 1	(0
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES ES	
OR COLUMNIA COLUMN	DEATH HOUR A	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18, I	PART 1 OR PART 2)	
OKCONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM)		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATIO STREET		CITY OR TO	wn	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	on not) view the body	ofter deoth.	, or	DEGREE		deoth occurred on the do	ote and hou	or and from the	ESIGNED
22. PHYSICIAN'S NAME (TY	Scaral PE OR PRINT)	m.0				MEDICAL STAI	IAN	- 4	me 81
Vosanh C. 1	11502	ASIC W	الما	MICOL	CS1 (6	enter Sel	1300	Jry /	ud y lend

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If the

24 FUNERAL DIRECTOR Newnam Funeral Home

23b. DATE

6-8-81

230 BURIAL, CREMATION, REMOVAL Bu<sup>r</sup>ial

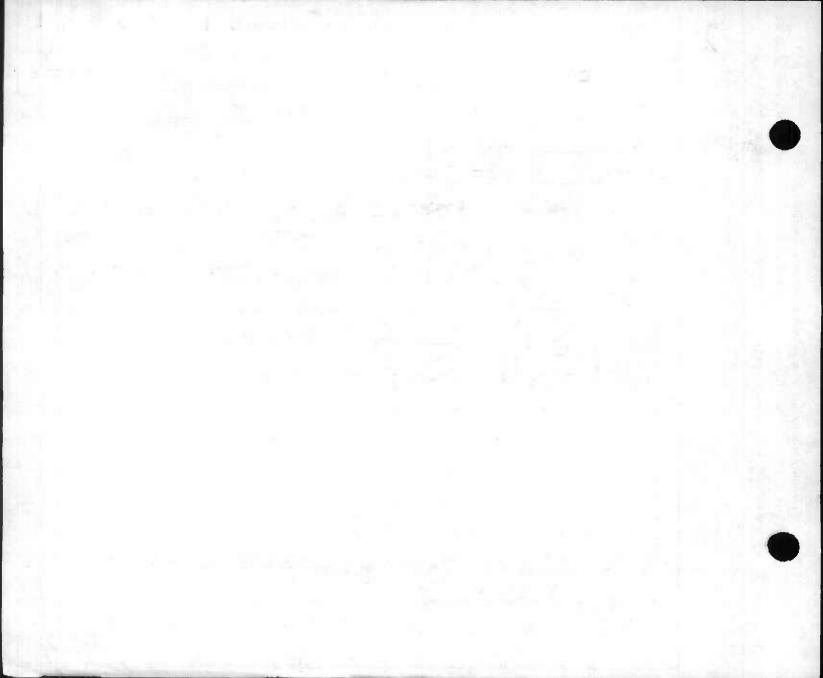
Easton, Md.

23c. NAME OF CEMETERY OR CREMATORY

Greensboro Cem.

REGISTRAR 25b. REQUITRAR'S SIGNATURE

23d LOCATION
Greensboro Caroline Md.



STATE OF MARYLAND

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STATE OF MARYLAND	all to		1	,	4.5	A	-
OF HEALTH AND MENTAL HYGIENE	8	1	-	0	-3	4	
ERTIFICATE OF DEATH		REG. NO.					

1-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG CATE OF DEATH	GIENE 8	REG. NO.		0 4	4 3
	CEASED NAME	FIRST	-	MIDDLE	U	AST	2a. DATE O	FDEATH M	ONTH DA		2b. HOUR 7
(TYPE	OR PRINT)	CECIL		н.	KE	RNS		June		2, 1981	12 PM
3. SE)	(		4 RACE		5 DATE O		6. AGE (IN	PARS LAST BIRTHI		ONTHS DAYS	HOURS MIN
	MALE		WHITI	E	AUG.	17. 1889	9	1	YRS.		
	RTHPLACE ISTATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH	
	OHIO		USA		WIDOWE			OMICO.			MD.
	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET HEAD CEN	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WO	OCCUPATIÓ RK FOR MOST OF WVET		INDUSTRY	DE BUSINESS OR
USU, 130. S		13P CON	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET Rt	ADDRESS	West	Line	
	THER'S NAME			101111111111111111111111111111111111111		15. MOTHER'S MAIDEN NA	AME	MIDDLE		LAS	ST.
	Charles		MIDDLE Ke	rns		Florence	е	MIDDLE.	H	owell	"
	. WAS DECEASED EVER IN U.S.			166 SOCIAL SECU	6586	Maurine M	. Rob	inson		lbyvi	Lle DE
	- 7 0	ny, which immediate ating the use last.	(b)	RAS A CONSEQUI	H LSC ENCE OF	d arteri	oscle	LOS/	S DITION GIVE	EN IN PART 1	(0)
TION	Org	anic	- Use	ilin sy	ndr	N WAS PERFORMED	20a. AU			, WERE FINDI	
CERTIFICATION	19a. DATE OF OPE	RATION	196 COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	YES 🗌	ио 🔀		YING CAUSES	
	210. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOT IFY MI	CAUSE OF DE	HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER )	NATURE OF INJURY	Y IN ITEM 18, PA	ART 1 OR PART 2)	
MEDICAL	216. INJURY OCC	T WHILE WORK		OF INJURY FREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	И	COUNTY	STATE
220.1 certify that (6) (this hospital) attended the deceased fram April 22, 19—81, to June 02, 19—saw the deceased alive an June 02, 19—81, and that in (36) (our) opinion death accurred an the date and hour and above (i) (we) (did) (36) (a) view the body after death.								ond from the			
	22b. SIGNATURE	1		restra		DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	L STAF		22c. DATE	02/81
	22d. PHYSICIAN'S	NAME (TYPE				22e ADDRESS	S				6 23-11

STATE

Maheswari Shrestha

Salisbury
23d LOCATION
CITY OF TOWN
Y Lewes, S 2018 Box

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 23b. DATE 6-3-81 231. NAME OF CEMETERY OR CREMATORY

REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

Delmarva Crematory 198

DHMH - 16 25M (VR A 15 (4) ) 9/74

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is marked ar Item 18 shaws any

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP.

retained by the haspital ar attending physicia

mest be natified at ance.

The second secon form entry years of which are the Entry line through Shipting a AND PROPERTY OF THE PROPERTY O eraphine, the teament the court heart, it was a long to be a court to the court of The state of the second second

#### STATE OF MARYLAND

1	FOR STATE REGISTRAR			DEPAR		ICATE OF DEATH	GIENE 8	16	) 44
	CEASED NAME E OR PRINT)	FIRST IVI		EROY		King	June 18	MONTH DAY YEAR	2b HOUR 11 P M
3. SE	MALE		NEGRO		S. DATE (		6 AGE (IN YEARS LAST BIR	YRS DA	YS HOURS MIN.
	IRTHPLACE (STATE OR COUNTRY)  FRUITLAN  CITY OR TOWN OF DE	D.MD.	U.S.		MARRIE	DE DIVORCED DIVORCED DO OTHER INSTITUTION	Wicomico		MD.
Sa	alisbury,		Penin	Sula Ge	eneral	Hospital	120 USUAL OCCUPATI	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
13a.	STATE	136 COUNTY		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	MARYLAND	WICON	4ICO	EDEN		YES NO	ROUTE #1	BOX 527	
14. F	FATHER'S NAME FIRST  JAMES  WAS DECEASED EVER IN U.S.		DDLE	LAST		15 MOTHER'S MAIDEN N	AME		LAST
14-		INTER ABOUT			SR.	CAROLINE	4000	JONE	s
	NO  RESERVE OF DEAT	(IF YES, GIVE W	VAR OR DATES)	16b. SOCIAL SE		MARY KING	SAME A	S ABOVE	ROXIMATE INTERVAL EN ONSET AND DEATH
7	Conditions, if any gove rise to im couse (0), stolin underlying couse	, which mediate ag the lost.	DUE TO, O  (b)  DUE TO, O	R AS A CONSEO	UENCE OF	not related to the ter	MINAL DISEASE OR CONI	DITION GIVEN IN PART	110
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATIO	n was performed	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	IDINGS USED SES OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTHY MED 21d. INJURY OCCUR WHITE AT WORK NOTW 22a.1 certify that (I) sow the deceas obove, (I) (MP) ( 22b. SIGNATURE	CAUSE OF DEATH (CALEXAMINER)  RED  THE  (this hospital ed alive on	P. 21e. PLACE (AT HOME STE	M. MONTH M. OF INJURY DEET, FACTORY OFFICE  deceased from	E FARM ETC.)	211, LOCATION STREET  19  do that in (my) (our) opinio DEGREE ATTENDING	CITY OR TO	WN COUNTY  te and hour and from 1  22c. DA	STATE  , that (1) (wa) last
	22d. PHYSICIAN'S N	AME (TYPE OR PE	RINTI	0 110	1 /	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAIN	1401

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician. BP.

should be detoched for use as the burial-transit permit. Then please remove corbonopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is morked ar Item 18 shows any

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion

injury, or other troumotic event, the medico

DHMH - 16 50M 1/81 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 236 DATE 6-24-81

231. NAME OF CEMETERY OR CREMATORY Mt. Calvary Methodist 23d LOCATION
CITY OF TOWN
Fruitland

Wicomico

Maryland

BURTAL.
24 FUNERAL DIRECTOR

Jolley Memorial Chapel

Jersey Road Salisbury, Md.

- 1981

conditions.

BP.

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR - STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

FIRST

DECEASED NAME

1		Anna		M .	1	OSCHINSKY	JUNE	2/9	8/	2-1	
Day I	3. SE	X	4 RACE		MONT	OF BIRTH YEAR	6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HR	
W.		Female	Whi		May	6, 1889	92	YRS			
97		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH		
57/		Germany	U.S	.A.	WIDOWI		Wicomi	20		,	
ed C	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPAT		12b. KIND C	F BUSINESS C	
20	Sa	lisbury				L Hospital	Housewi			n Home	
0	USU	AL RESIDENCE (IF NURSING HO			ADMISSION)				-		
35		Md.	OUNT	Baltin		13d. INSIDE CITY LIMITS?	3708 Cei	aturv	Ave.	21227	
-	14. FA	ATHER'S NAME				15 MOTHER'S MAIDEN NA					
50	-	unknown	WIDDLE	LAST		unknown	WIDDLE		LAS	T	
7)	16a \	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS							
4	(		S. GIVE WAR OR DATES)	213-71-	-212	Hilda Hows	nd 525 SI	zwi er	Dr.	21122	
		no				illiua nowa	11 727 101	TAATON			
on, or remove umatic event,		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly ane cause per AUSED BY:	A and a line for (a), (b), one	0				BETWEEN	MATE INTERVAL ONSET AND DEATI	
		IMME	DIATE CAUSE (a)	HHOYIC	Bra	in Injury					
		4292	DUE TO, O	R AS A CONSEQUE	NGE OF	1. 1	-/ ^	*	100		
200		Conditions, if any, whice gove rise to immediate		Atherosc	Level	te (andiovas	w/a- 118	pase			
other tr		couse (a), stating th	DUE TO, O	R AS A CONSEQUE	NCE OF						
5		underlying cause las	(c)								
	7	PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 10	a	
ř_	CERTIFICATION										
1	CA	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES		
سلان	E						YES NO	YES		NO [	
o a		210. ACCIDENT WAS UNDERLYIN	LIOUD A	FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART 2)		
1	N N	OR CONTRIBUTING CAUSE C	OF DEATH	M.	19	Commence of the Commence of th					
5	EDICAL	21d. INJURY OCCURRED	21e. PLACE			211 LOCATION	CITY OF TO		COUNTY	STATE	
	Z	WHILE NOT WHILE AT WORK	] [AT HOME STI	REET, FACTORY OFFICE, FA	ARM, ETC.)	STREET	CITY OR IC	WN	COUNTY	SIAIE	
		220.1 certify that (1)(this I	naspital) attended_th	e deceased fram_	.51	3/ 19 8/	to 6/	2 15	81	that(1) (we) lo	
1		saw the deceased aliv	e an 6/2	19 8	1	nd that in (aur) apinion	death occurred on the d	ate and hour c			
		abave, (D(we) did) (d 27b, SIGNATURE	id not) view the Bady	after death.		DEGREE		_	22c. DATE		
		1101	1	/		ATTENIONIO	MEDICAL STA	FF _	11.	10,	
1		22d. PHYSICIAN'S NAME (	TYPE OR PRIME	MO		PHYSICIAN 2	DIRECTOR PHYSIC	IAN []	10/2	101	
PORTA	1	011	1 61	11		THE ADDRESS					
¥		Kobert	V. Kell	15 ME							
-	23a E	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				

June 81

James S. Kirkley Glen Burnie. Md

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

view Dr. 21122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART I (a Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES 🗍 NO [ ITEM 18 PART I OR PART 2) COUNTY STATE 19\_8/\_\_\_, that (1) (we) last and hour and fram the causes stated 22c. DATE SIGNED 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE St. Pauls Cem. Baltimore Md. 25a. DATE REC'D. 1981

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

20. DATE OF DEATH

. . . Foliables the terminal for the selection to the terminal The state of the second of the property of the passes of the second of t

)	FOR STATE REGIS
6	1. DECEASED

injury, or other traumatic event, the

should be detached for use as the burial-transit permit. Then please remave courth the State Dept. of Health and Mental Hygiene prior to burial, cremation,

marked ar Item 18 shaws

MPORTANT: If Item 21 is

ATTENDING PHYSICIAN: The la

TO HOSPITAL

by the attending physic

## STATE OF MARYLAND

6	9	4	6
			T

	1 -	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	IENE 6 REG. N	60.	0 7	4 O
	I. DEG	CEASED NAME FIRST	ICE I		LAMO DON	20 DATE OF DEATH	монтн с	DAY YEAR	26 HOUR
	3. SEX	BIRTHPLACE (STATE OR FOREIGN 76 COUNTD)  CITY OR TOWN OF DEATH  ALISBURY  UAL RESIDENCE (IF NUM DEATH STATE PRINCES)  FATHER'S NAME  JAMES FARLOW  WAS DECEASED EVER IN U.S. ARMEE (YES, NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE COUNTED)	CAUC.	S. DATE		6. AGE (IN YEARS LAST BI		IF UNDER I YE	
5	i¥a. Bl	RTHPLACE (STATE OR FOREIGN )	U.S.A.	8. MARRIE WIDOW	D NEVER MARRIED DIVORCED D	BALTIMORE CITY OF WICOMICO	R COUNTY	OF DEATH	MD
0	Sa	alisbury	NAME OF HOSPITAL, NURSII  (IF NOT IN SUCH FACILITY, GIVE STREET  Peninsula Gen	eral	Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON E	ON OF WORKING LIFE	126. KIND INDUSTR	OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NUMBER OF THE CENTRE OF THE		RE ADMISSION) VN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 606 P	INE K	NOLL	DR.
0	14. FA		NAT LAST		MAPTE M	ALONE MIDDLE			LAST
2			MED FORCES? 166 SOCIAL SECTION (MAROR DATES) 21907-1		IT INFORMANT L.R.WILS	SON PRIN	CESS	ANNE	, MD.
	Z	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	BY: Kanha	atuy Hence Of Lideal Hence Of Clinit	ii Cardiovers				OXIMATE INTERVAL ENDOSET AND DEATH  MUS  HAS  YAS
7	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF		DINGS USED SES OF DEATH?
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270. I certify that (I) (this hospit saw the deceased glive an above. IT I'M, I'M, I'M, I'M, I'M, I'M, I'M, I'M,	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, al) attended the deceased fram  5/3/1 (view the body after death.	3	21c. HOW INJURY OCCURE  211. LOCATION STREET  19  Out opinion of O	city or to	late and hour	COUNTY	STATE  _, that (we) last
		BURIAL BURIAL			EMETERY OR CREMATORY NDREW CEM.	PRINC	ESS A	NNE,	MD STATE

BP DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

24. FUNERAL DIRECTOR R. WILSON

PRINCESS ANNE, MD.

PRINCESS ANNE, MD. 1981

250. DATE REC'D. BY REGISTRAR 250 GISTRAR'S LIGNATURE
JUN 2 1981

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be this after the detached for use as the burial, cremation, or remayal, and in any event, within 22 lours after detached.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

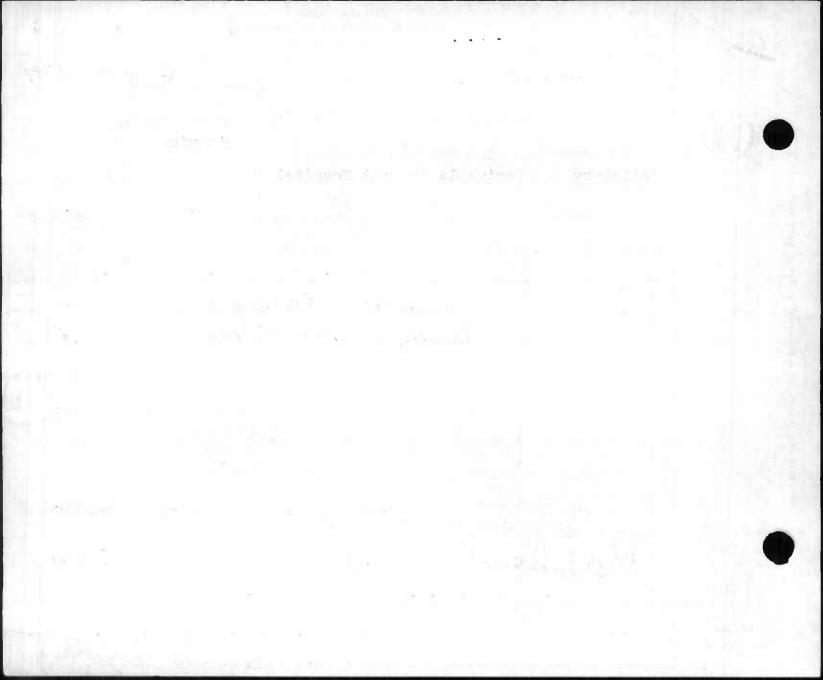
16941

					CE	RTIFICA	ATE OF D	EATH					
Ī		EASED-NAME	First		Middle		Lost		2a. DATE OF			2t	. HOUR
1	(Typ	pe or print)	ILLDA		M.		LA NDO	N		June 2	8. 198	1 5:	30 M
M	3. SEX		119	4. RACE			S. DATE OF B	IRTH		6. AGE (In years	IF UNDER 1 YEAR		DER 24 HRS.
/[		Female		White			Febru	ary 10,	1900	last birthday) 81 YR	S. MONTHS DA	YS HOUR	S MIN.
1	7a. BII	RTHPLACE (State ar foreig	n 7t	. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY OF	DEATH			
1	100	Maryland	1	U.S.A		WIDOWED	DIVO	RCED 🗌		omico Cou			Md.
		y or town of death Parsonsburg			eet address) 262					(Kind af wark dand ife, even if retired.			ESS OR
>	130. U admiss	SUAL RESIDENCE (Where of STATE Maryla	deceased and	lived, it institution 13b. COUNTY Sc	Residence before		field	YES NO		Box 40	7 Laws	onia	
9	14. FA	THER'S NAME First Edwar		Middle Lorenzo	Lost		S. MOTHER'S M	AIDEN NAME Fin	ttie	Middle	S	terl	
			S. ARMED		6b. SOCIAL SECURITY N		. Mich	ael Lan	don	Saméddas	13 a, b	,c,d	,e
	1	8. CAUSE OF DEATH (En PART I. DEATH WAS IN Conditions, if any, which	caused B MMEDIATE	ane cause per line BY: CAUSE (a)		Pul.	MONI	1RY BRO	ARRE	EST. 175 (ADVI	ANCED)	OXIMATE INT IN ONSET AN	
	3	rise to immediate cause stating the underlying c ast.	ouse	DUE TO, OR AS	A CONSEQUENCE OF	CLER	OTIC	HEAR	T Dis	EASE			
	-	PART 2. OTHER SIGNIFICAN	JDO	CARDI	AL IN	UJU.			CONGE	ESTIVE A	HEART	PA.	LURE
	CERTIFICATION	9a. DATE OF OPERATION	19b. CO	NDITION FOR WHICH	H OPERATION WAS PER		20o. AUTO	NO 🔀	CAUSES	YES, WERE FINDINGS OF DEATH?		I CERTIFYI	ING
	A C	21a. ACCIDENT WAS UN DR CONTRIBUTING CAUSE (If either, natify medical e	examiner)	HOUR A.M. P.M.	Month Doy Year		OW INJURY OC	CURRED (Enter	noture of injury	y in Port 1 or Port !	2, Item 18.)		
	a	21d. INJURY OCCURRED While Not while twark at work			T HOME, FARM, STREET, FACT FFICE BUILDING, ETC.			et or R.F.D. No.		or Town	County	(OII	State
	1		this ded olive bove, (	hospital) often e an l) (we) (did) (d	ded the deceose	oody after	d that in (n) death.	y) (our) opir	nion death a	ccurred on the	19 <u>8(</u> , th date ond ho	at <b>(1)</b> ( ur and f	we) last ram the
		226. SIGNATURE	u	Keca	le 1	Wag	11110.	DI DI	ED. RECTOR	STAFE	LE DATE SIGNED	81	
	2	NAME (Type) Ze	enon	Kecala,				Cready		al Crisf	iald, M	id.	21817
	23a. I	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA	/30/81	Asbury				Cri		(Caunty) Somerse		d.
		UNERAL DIRECTOR			ADDRESS		16.11	2Sa. REC'D BY		2Sb. REGISTRAI			
,	Br	adshaw & So	ns	Cris	field. Md	1. 21	817	DATE	9 100	Market	my Mach	Apolly	

DHMH - 16 3/72 25M (VR A15 (4)) Tollie to a grant to the state of the state ta Orea (of expeciency production of the control of values enimonia (1.2.) monthly and the second older complete control ione and it is no and notice from the contract of th the life little. Logically who will be and step to the second rends of ready. I find a The statement of the same of Applied the Distington of the Applied to the Applie TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours atter retained by the haspital or attending physician.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

	1. DE	CEASED NAME FIRST	WIDDLE	LAS	CATE OF DEATH	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR 2b HC	ου
	(TYPE	ORPRINT) Beath	ce s. !	Leme	5H		6 16 8		Š
	3. SE	100	4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR	(HDAY) IF UNDE	R I YEAR IF UND	_
		Temale	White	Apri	1 30, 1931	50	YRS.	DATS HOURS	
49	7a. BI	RTMPLACE (STATE OR FOREIGN COUNTRY) YORK	7b. CITIZEN OF WHAT COUNTRY?  USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	-	ATH	
80		TY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ge	ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O Register	F WORKING LIFE) IND	KIND OF BUSINGSTRY	NĖ
35	13a. S	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Salisb	/N	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 601 E. (	College	Ave.	
21	14 FA	THER'S NAME FIRST Harold Co	middle Sch		15. MOTHER'S MAIDEN NA/ Ruth	WE	Не	enson	
1	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	-	17. INFORMANT	ADDRE	SS		2
	1	(IF YES, GP	214-32	-5208	Mr. Frank	lin P. Ler	non, Sr.	as l	S
		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	OP AK	Lateral S	clerosis		3yn	5
		gove rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	OP NIK.	Lateral S			341	5
	NOI	gove rise ta immediate cause (a), stating the underlying cause last	1 (b) Amyota	OP NIK.	Lateral S		DITION GIVEN IN P	3 y 1.	5
9	RIFICATION	gove rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	OP NIK.			206. IF YES, WERE IN CERTIFYING C	FINDINGS US	AT
	CAL CERTIFICATION	gove rise ta immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONSEQUE  (c) CONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D.	OP NIK.		200 AUTOPSY?  YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS US AUSES OF DE NO	ATI
	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	(b) DUE TO, OR AS A CONSEQUE  (c) CONDITIONS CONTRIBUTING TO 1  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION  AY YEAR  19	WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE IN CERTIFY ING C YES	FINDINGS US AUSES OF DE NO	AT
		gove rise ta immediate cause (a), stoting the underlying cause lost  PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 27a.1 certify the of this hasp	(b) DUE TO, OR AS A CONSEQUE  (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D.P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  PARM. ETC.)	WAS PERFORMED  21c. HOW INJURY OCCURS 21l. LOCATION	INAL DISEASE OR CONT  20e AUTOPSY?  YES NO CENTER NATURE OF INJUR  CITY OR TO	206. IF YES, WERE IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	FINDINGS US AUSES OF DE. NO PART 2)	S1
		gove rise ta immediate cause (a), stoting the underlying cause lost  PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 27a.1 certify the of this hasp	DUE TO, OR AS A CONSEQUE  (c)  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCURE 21l. LOCATION STREET	INAL DISEASE OR CONT  20e AUTOPSY?  YES NO CENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WERE IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	FINDINGS US AUSES OF DE. NO PART 2)	STO (v
		gove rise to immediate cause (a), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 11d. IN JURY OCCURRED  WHILE NOTWHILE AT WORK  27a.1 certify that (1) (this hasp saw the deceased glive and CAUSE OF DE	DUE TO, OR AS A CONSEQUE  (c)  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCURS 21l. LOCATION STREET  21hat in (our) opinion of the physician of the	INAL DISEASE OR CONI  20a AUTOPSY?  YES NO CITY OR TO:  CITY OR TO:  to deoth accurred on the do	206. IF YES, WERE IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	FINDINGS US AUSES OF DE. NO PART 2)	ST (w



completely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital ar attending physician

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3.5 EX MALE    RACE   NEGRET HAS BURNED   PART   DATE   DATE   PART   DATE   DATE	30/p M
MARRIED NEVER MARRIED    NEVER MARRIED   NEVER MARRIED   Wicomico   Wicomico   DIVORCE   LA MIDOSTRY	DER 24 HRS
Salisbury Peninsula General Hospital    Time of work in course in the course of the co	MD.
The part of the state of operation   18 contribute   18 cont	AUTO
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TEST OF UNKNOWN    (IF YES GIVE WAR OR DATES)   130-05-1906   Eardlie John   Hempstead   N.	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)	AVE
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OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22a.I certify that (I) (this haspital) attended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.I certify that (I) (this haspital) ottended the deceased from 5121  22a.	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.)  22a.I certify that (I) (this haspital) at work  22a.I certify that (I) (this haspital) ottegded the deceased from 51 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SED EATH?
WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)  270.1 certify that (1) (this hospital) attended the deceased from 5 21 19.81 to 6 1.57 19.81 that ( sow the deceased alive on 5 19.81 and that in (my) (our) opinion death occurred on the date and hour and from the cause: above, (1) (we) (did) (did not) y with body after death.  DEGREE MA. (1)	
sow the deceased alive an 6 5 1 19 8 1 . and that in (my) (aur) opinion death occurred on the date and hour and from the cause above, (h (we) (did) (did not) y with body after death.  276. SIGNATURE  DEGREE MA 1)	STATE
226. SIGNATURE DEGREE (A. () 226. DATE SIGN	
Through the state of the state	81.
122d. PHYSICIAN'S NAME (TYPE OR PRINT) H. R. HEDA.  220. ADDRESS 614-C EASTERN SHORE DRI SALISBURY. M.D. 2	150.
230 BURIAL CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BURIAL 6-22-81 MT. OLIVET CEMETERY MASPETH QUEENS	STATE N.Y.
24. FUNERAL DIRECTOR  24. FUNERAL DIRECTOR  24. FUNERAL DIRECTOR  25. DATE REC'D. BY REGISTRAR'S SIGNATURE  SALISBURY, Md. JUL 1 - 1981	alie

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, plus should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH	REG. NO.	-	6	4	5	
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REGIS	STRAR			CERTIFI	CATE OF DEATH	REG. N	0.		
1. DECEASED			MIDDLE	) LA	ST	2e. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	Maxi	millian	1	Lu	CKsho Sr.	June 15	1981	/	12 7
3. SEX		4. RACE		5 DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 2
Male		White	9	Aug.	27, 1898	82	YRS.	9 18	HOURS
7a BIRTHPLA	CE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH	
	York	U. S.	. A.	WIDOWED		Wicomi	CO		
10 CITY OR 1	TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND O	F BUSINES
Salis	bury	Penins	ula Gene	eral	Hospital	Ret. Fa	rmer	INDUSTRY	
USUAL RESI	DENCE (IF NURSING HOME C	OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Marv		omico	Delma		YES NO THE	Rt. # 3			
14 FATHER'S	NAME				15. MOTHER'S MAIDEN NA	ME			
N/A	FIRST	MIDDLE	LAST		NT / A FIRST	WIDDLE		LAS	T
160 WAS DE	CEASED EVER IN U.S. A		16h SOCIAL SECUI	RITY NO.	17_INFORMANT	ADDR	ESS		
no	R UNKNOWN) (IF YES, G	IVE WAR OR DATES)	097-03-	0489	Helen Luci	raho Dol	mar.	EM	
	USE OF DEATH S				Heren Paci	rairo nel	Illa I	Md .	MATE INTERV
PA	USE OF DEATH (Enter of		line far (a), (b), and	(C).)	1			BETWEEN	ONSET AND D
11	IMMEDIA	ATE CAUSE (o)	( WWW.	w. K	mar			11	WI
19	100	DUE TO, O	R AS A CONSEQUE	NCE OF	1 -	1.1	1-	1	
Cand	itions, if any, which	(b)_	Miscons	N)	Quein my	iched.	w/c/	1 8	were
cause	(a), stating the	DUE TO, O	RAS A CONSEQUE	NCEOF	, 1	, , .		110	1
Unde	rlying couse lost.	(c)	6	1	herdender	Viscen	M	1/8	m
	2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	)
19a. DA			~						
5 190. DA	TE OF OPERATION	19b. COND	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
HIE	nh		-/-			YES NO NO	YES		NO
21a. AC	CCIDENT WAS UNDERLYING			V VE15	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT T OR PART 2)	
A OR COL	NTRIBUTING CAUSE OF DI	LAIN.	M. MONTH DA	Y YEAR	M				
~	JURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION				_
WHILE AT WOR	NOT WHILE	(AT HOME STE	REET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TO	WN	COUNTY	STA
	ertify that (I) (this hosp	oital) attended th	a deceased from	6	1 hom 10 87	11/1/	11	0 67	d and t
50	w the deceased alive a	n	19	000	that in (my) (aur) opinion	death accurred or the d	ate and hour		that (I) (w
al	oave, (I) (we) (did) (did n	ot) view the by dy	after death.			accounts on the d			
77k C1	DINATURE // /	11	~	В	EGREE ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED
22b. S1			(/ )					1//0	
	Cur	140	1			DIRECTOR PHYSIC	CIAN	1.6 8	0-11
72± Pt	HYSICIAN'S NAME ITHE		)		22e ADDRESS			Vag	0-11
72± Pt	r. Forgas				22e ADDRESS	DIRECTOR $\square$ PHYSICAL, Md. 218		Vax	
774 PF D		h	23¢ N	AME OF CE	22e ADDRESS	7, Md. 218		Veg	
23a. BURIAL,	r. Forgas	L 23b. DATE ]	981 <sup>13(N</sup>		Salisbury	7, Md. 218	301	COUNTY	51/
774 PF D	r. Forgas CREMATION, REMOVA al	h	981 231 N 16, St		Salisbury METERY OR CREMATORY  Sphens Cem	7, Md. 218	Susse	x Del	517

DHMH-16 30M 2/80 (VRA 15, 4)

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# completely filled in by the funeral directors 1 and 2 should be filed within 72 hours aft contilicate has been signed by the attending physicion and containing permit. Then please remove carbon papers. Pages TO FUNCTIAL DIRECTOR. After this certificate has been signed by the ottending physical handle be detectined for use as the bursal statum beams. Then please remove corbon paper handle for the other and Mental Hygaene page. It is bursal, cremation, or removal.

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injury, or other troumatic event, the medical

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requires that the death certificate be

OR ATTENDING PHYSICIAN

ned by the hospital

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### STATE OF MARYLAND

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l	1 - STATE REGISTRAR	DEFARIM	CERTIFICATE	OF DEATH	REG. NO	D.	
L	DECEASED NAME FIRST SALOME	END M.	Mari	ni	20. DATE OF DEATH	MONTH DAY YE	81700 "
	FEMALE	WHITE	5. DATE OF BIRTH	- DO	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN,
	COUNTRY) PA	CITIZEN OF WHAT COUNTRY?	WIDOWED	VER MARRIED DIVORCED	BALTIMÓRE CITY O Wicomico		H MD.
	Salisbury	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET ALL PENINSULA GO	eneral E		120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	DN 12b. KIR F WORLUG LIFE) INDUS	ND OF BUSINESS OR TRY
	USUAL RESIDENCE (IF NURSING HOME OR OT)		YES T		13e. STREET ADDRESS	PIMPER	AUF.
1	4. FATHER'S NAME FIRST  WKWW  MID	DDLE LAST		HER'S MAIDEN NAM	WIDDIE		LAST
1	60 WAS DECEASED EVER IN U.S. ARME {YES, NO ORANIH NOWN} {IF YES, GIVE W		9335 A	DRMANT ENACD /	MARINI ADDRE	OCEAN	iry Ms.
	Conditions, if my, which gave rise to immediate couse (a), stating the underlying couse lost	IS DAY A V	cus Cen	due emona	to metas	Satre	
	PART 2. OTHER SIGNIFICANT COI	nditions <u>contributing to di</u>	EATH BUT NOT REL	ATED TO THE TERMI	nal disease or cond	DITION GIVEN IN PAR	RT 1(o)
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	OPERATION WAS P	ERFORMED	200. AUTOPSY?  YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	T 2)
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI		STREET	CITY OR TOV	WN COUNT	Y STATE
	220.1 certify that (1) (this has provided saw the deceased alive an above, (1) (we) (did) (did not) v	6/4/ 19 8		(my) (our) opinion d	eath occurred on the do	19 19 1te and hour and from	, that (1) <del>(we)</del> last the causes stated
	776 SIGNATURE NEWSON		DEGREE		MEDICAL STAF	F /	SATESIGNED
1	TOTAL PHYSICIAN'S NAME ITTEGEN	A. GRASSO	22e AD	DRESS			

IMPORTANT: If Bert 21 is marked or Item 18 shows ony CREMATION, REMOVAL BP

23c NAME OF CEMETERY OR CREMATOR

DHMH - 16 50M 1/81 (VRA 15, 4)

JUN 9 BY REGISTRAR 256, REGIS

THE ELECT STOP X STORY RES. poles applicable and the second of the A CARLON TO PETER TO SERVICE ME LANGE CONTRACT SA

# deoth. Page 4 may be within 24 hours ofter executed requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicial

ottending physicion and completely filled in by the funeral directions ove corbonpopers. Pages 1 and 2 should be filed within 72 hours at

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injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending planded be detached for use as the burial-transit permit. Then please remove carbank with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removing.

IMPORTANT: If them 21 is morked or Item 18 shows ony

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

JUN 1 8 1981

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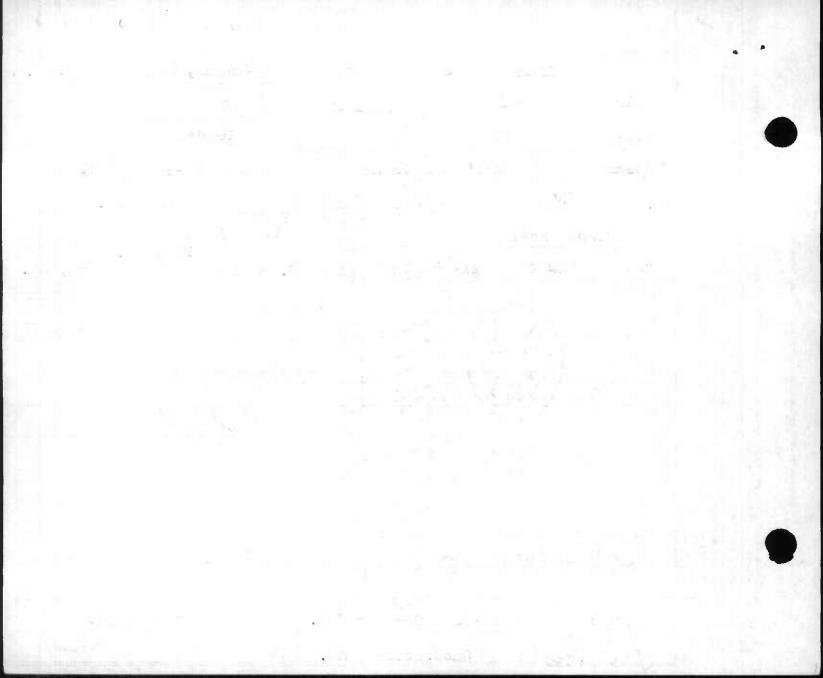
FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE 8	10.	4	2 3
1. DECEASED NAME (TYPE OR PRINT)	oliver J		MASLIN	June 14,	MONTH DAY	YEAR	26. HOUR 5:35P M
3. SEX	14 RACE	5. DATE C		6 AGE (IN YEARS LAST 8		NDER I YEAR	IF UNDER 24 HRS
Male	white		71/1°Ö YEAR	70	YRS.		HOURS MIN.
BIRTHPLACE (STATE OR FOR Maryland	USA	MARRIE	DIVORCED [	9. BALTIMORE CITY ( Wicomico	OR COUNTY OF	DEATH	MD.
Salisbury	(IF NOT IN SUCH FACILITY.	iead Cente	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FORMOST, BOAT BU			enter
NSUAL RESIDENCE (IF HURSING 130 STATE Md.		PENCE BEFORE ADMISSION) Y OR TOWN S CERCOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	High S	St.	
14. FATHER'S NAME FIRST Frank	Maslin	LAST	15. MOTHER'S MAIDEN NAM	te Tyler		LAS	51
16a. WAS DECEASED EVER IN (YES NO OR UNKNOWN) YES	U.S. ARMED FORCES? 166 SOUTHER SOUTH STATES SINGUIS WAR OR DATES 217	03 1956	Alice C. M		igh St. Cheste		n, Md.
PART I. DEATH WAS	DUE TO, OR AS A Syhich (b)	ONSEQUENCE OF COMPANY	abitis	oli		PAPPROXI	MADE INTERVAL ONSET AND DEATH Sept to Lays t
PART 2. OTHER SIGN IF  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER	covered as 19b. CONDITION FO	TING TO DEATH BUT OR WHICH OPERATIO	_	200 AUTORY?	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	NGS USED
OR CONTRIBUTING CAN (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOUR A.M. MC	ONTH DAY YEAR	21c. HOW INJURY OCCURR			OR PART 2)	
WHILE NOT WHILE AT WORK							
www the deceased	his hospital) attended the deceas alive on	19 01	, 19, 19	, to death occurred on the c			that (I) (we) lost couses stated
This is name	eldue, &		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN	226. DATE	15/81
22d. PHYSICIAN'S NAM	<u> </u>		22e ADDRESS				
230. BURIAL, CREMATION, RE  (SPECIFY)  Byria1	MOVAL 23b. DATE 6/17/81		er Cem.	Ches te:	rtown,	Md.	STATE

Md.

Chestertown,

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MCCREADY 15 JUNE 6 AGE LIN YEARS LAST BIRTHDAY

REGISTRAR . DECEASED NAME 26 HOUR 30 198 a M FUNDER 24 HRS IF UNDER I YEAR TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Wicomico 12b KIND OF BUSINESS OR INDUSTRY Salisbury Peninsula General LIM SCC 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCES underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO CERTI 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NO! WHILE 220.1 certify that () (this has pital) attended the deceased from sow the deceased alive on above (1) well (did) (did not) view the body after death. and that is (infy) (our) opinion death occurred of the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

250 DATE REC'D. BY REGISTRAR 256 REGIS

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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1.	REGISTRAR		4	CERTIF	ICATE OF DEATH		REG. NO	D.		
	CEASED NAME	FIRST	MIDDLE	L	AST	20.	DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
,,,,,	Emm	na Le	96	m	Daniels		Time	0119	81	7:30%
3. SE		4. RACE		5. DATE C	F BIRTH	6. 4	AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
F	emale	Whit	. 0	Fe]		22	59	YRS.	JNIHS DAYS	HOURS MIN.
7n. B	RTHPLACE (STATE OR FOR		WHAT COUNTRY?	8			BALTIMORE CITY O		OF DEATH	
E-12-0	niton, Md.	USA		MARRIE	NEVER MARRIED  DIVORCED		Wicomi	co		MD.
10 C	ITY OR TOWN OF DEATH	1 11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120	. USUAL OCCUPATI	ON	12b. KIND C	F BUSINESS OR
	alisbury				Hospital	Ï	Laborer	chi Chi	cken	Process
13a.	at residence (if nursing state aryland	Worceste	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS		SIREEL ADDRESS	Churc	h St.	
14. F	Robert	G.	Clark		IS MOTHER'S MAIDEN STERST		MIDDLE	Wi	mbroŴ	,T
16a. \	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU 220-12-		Mr. Rober	on)	4. Gowel	€s. 3, 1, Sa	Box lisbu	4 ry, Md.
	CAUSE OF DEATH	Enter anly ane cause pe S CAUSED BY:	r line far (a) ), and	/	Mari	4	fan '		APPROX 8ETWEEN	MATE INTERVAL ONSET AND DEATH
z		which diate the last. (b)_DUE TO, (c)_	OR AS A CONSEQUE	ence of C	y Kear	ERMINA	L DISEASE OR CON	DITION GIVE	N IN PART 10	a)
CERTIFICATION	9a. DATE OF OPERATIO	DN 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDING CAUSES	
10.00	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH HOUR	DF INJURY m. MONTH D/	AY YEAR	21c. HOW INJURY OCC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT   OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	(AT HOME, S	OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (I) (the saw the deceased	alive on Didid not view the bad	a Ho	, ar	22e. ADDRESS	G M D	MEDICAL STAI	ate and haur		
	BURIAL, CREMATION, RE	MOVAL 236. DATE 6/10	/81   23c. Mt		on Cemete		Near wh	iton,	· Mary	land

DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use as with the State Dept. of Health (O FUNERAL DIRECTOR)

IMPORTANT, If Bern 21 is

24. FUNERAL DIRECTOR HOLEOWAY FUNER#AL HOME, "Stalisbury, Md.

250. DATE REC'D. BY REGISTRAR 256. RECOTRAR'S SIGNATURE 1981

photographic

Sealing of Section 5 Section 1

	1.	FOR - STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 9 3
		CEASED NAME FIRST	MID	DLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(1.17)	Ruth	E	. 011	chant	June 25	1981 12
	3. SE	X	4 RACE	5. DATE	F BIRTH  ITH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER
1)		Female.	White	3/3	31/1913	68 YR	
1/2		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	HAT COUNTRY? 8.	IEDX NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
1/5	Pe	ennsylvania	USA	WIDOW		Wicomico	
Ded of	10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINE
300		alisbury	Penins	-	1 Hospital	Ad Clerk	Newspaper
J Part be	130.	AL RESIDENCE (IF NURS IN SINE OR STATE COUN Plaware Suss	VTY 13	ve residence before admission Boolity OR TOWN Rehobeth Bea	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS 114 Laurel St	reet.
ue.		ATHER'S NAME	sex ]	ichocai bec	15 MOTHER'S MAIDEN NA		
703		Adam H.	Singl		Etheles		Odenheimer
medicol 3	No.	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		66. SOCIAL SECURITY NO. 64-09-3219	Mr. Allison	Oliphant (husba	and) same as :
+ + ·		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per lin	e for (o), (b), and (c).			APPROXIMATE INTE
other tro		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DE 10-800	is a coursed to the	ision and	- Wagulopell	5
jury, or	Z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
ows ony in	CERTIFICATION	190. DATE OF OPERATION 6/23/81	mitr	ON FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES NO F
9 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M.	NJURY MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
rked or It	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF		21f LOCATION STREET	CITY OR TOWN	COUNTY S
n 21 is mo		220.1 certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did)	6/24	1981		deoth occurred on the dote and	hour and from the couses sta
IMPORTANT: If Her	1	Michael R	Buc	human		MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED
MPORTANT		122d PHYSICIAN'S NAME (TYPE OF	PRINT) Buch	LNESS	220 ADDRESS CAA	STER WEST	41801
O N					0711000		

24 FUNERAL DIRECTOR
HOLLOWAY FUNERAL HOME, Salisbury, Maryland

JUN 2 9 1981

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Indiana Partition of the Population

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3 3	1 -	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO.	6 9	5 9
i mid		CEASED NAME FIRST OR PRINT) HENR	Ernest ON	AST LEY	June 23, 1981	DAY YEAR	26. HOUR 2:35 p
ar and	3. SEX	Male C	aveasian Oct	23 1895	6. AGE (IN YEARS LAST BIRTHDAY)  85 YR		IF UNDER 24 HRS HOURS MIN.
uneral di	(	OUNTRY)	U, J. A. WIDOWE		9. BALTIMORE CITY OR COUNTY OF COUNT		MD.
	Sal	isbury,	NAME OF HOSPITAL, NURSING HOME C	ROTHER INSTITUTION	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN SALES MAY		F BUSINESS OR
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in b apers. Pages 1 and 2 should be fil wol.  11, the medical examiner must be no	13a. S	Md Worce	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  ESTER BEYLING	13d. INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NAM	130. STREET ADDRESS 205 Graha	in Av	e.
completely lond 2 s		TAMES  VAS DECEASED EVER IN U.S. ARME	DILE ONLE UNITED FORCES? 166 SOCIAL SECURITY NO.	Cova-	MIDDLE ADDRESS	onawi	eg
ALTIMORE, ote be executed to be exec		res, no or unknown) (IF Yes, GIVE W		Mrs Mary R. W	Varren 5 Powell	ten Ave B	erlin Md.
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbon p urial, cremation, or remo	NOI	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost.	BY: Caralanina	la acciden	I TO Lampley	GIVEN IN PART 10	1 <i>3</i> -7
he law re on. has been to permit. iene prior ows only is a constant.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES YES	OF DEATH?
DIVISION OF VIT AL RECORDS,  NG PHYSICIAN: The law requir ottending physician. Wet this certificate has been sign os the buriot-transit permit. Then th and Mental Hygiene prior to b orked at them 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	1.00
DIVISION C DIVISION C ING PHYSIC or attending After this cer as the burio lith and Ment	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
RATTEND hospital or RECTOR: red for use that af Hea	IX.	220. I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did ) (did nat) 22b. SIGNATURE	view the bady after death.	nd that in (my) (bur) opinion of DEGREE  ATTENDING	death occurred an the date and	0 (	
HOSPITAL ined by th FUNERAL buld be detail the State		22d PHYSICIAN'S WAME (TYPE OR P	//	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN C	ry, Md.	21801
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236 DATE 6/8/ Buck	naham Cem	Berlin W	orces les	r Md
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	June A. B.	urlage ADDRESS Berl	in Md 15 30	2 CO BY 1965 RAR 25K RE	DISTRARS SIGNAT	URE

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15M 7/76

STATE OF MARYLAND

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	+ 10	-	7
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs attended from Fager 4 more retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the first for use as the buriol-transit permit. Then please remove carbonoopers. Pages 1 cmt 2 thought be filled entering the many with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	1
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	24 ho	filled o	8/
	W/H	d 2 sh	10
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i	quires	signed hen pl	njury, o
	law re	s been ermit. T	s any ir
	1. The	ote ha	3 show
	SICIAN 19 phy	certific iriol-tro ental F	Hem 1
	3 PHY	the bu	ked or
5	NDIN	R: Afte use os Health	is mor
	ATTE	RECTO ed for pt. of l	em 21
	rat of	detoch ote De	± ::-
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be method to receive the medical examiner must be method to receive the medical examiner must be method to receive the medical examiner.
	TO	Of Short	<u>×</u>

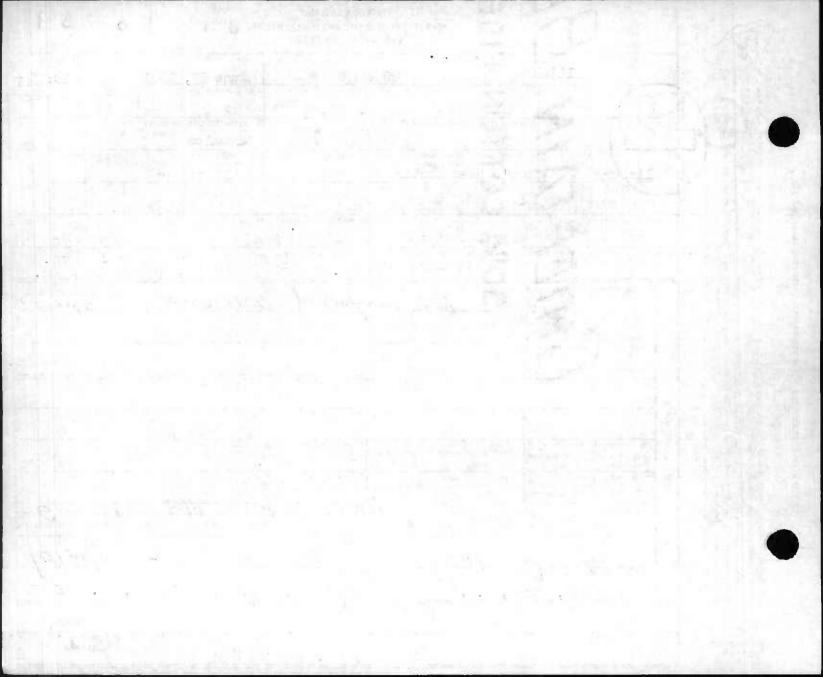
STATE OF MARYLAND DEDADTMENT OF PEALTH AND MENTAL HYCIPME

1	6	9	6	1

	1 - STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	
1	1. DECEASED NAME FIRST	MIDDLE .	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
1	(TYPE OR PRINT) Elija	h Thomas	Phiopin	June 19, 198	1 10:55 mp
ř	3. SEX	4. RACE	5. DATE OF BÎRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Male	White	Feb. 24, 1889	92 YR	
4	OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
7	Maryland	USA	WIDOWED DIVORCED	Wi comi co	MD.
	Salisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET Deer's Head Cent		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Millworker	12b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 135. COU Maryland Wi		'N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Parkwood A	apts.
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
7	William	Henry Phippi	in Josephin	ne	Humphreys
	160 WAS DECEASED EVER IN U.S. AF NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 214-10-	(5)	on) ADO L n Phippin, Sa	incoln Ave.
3	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [		ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	GIVEN IN PART 1(0)  YES, WERE FINDINGS USED RTIFY ING CAUSES OF DEATH?
	31			YES NO	YES NO
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE TID. JURY OCCURED	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		ottended the deceased from 19 ott view the body after death.		deoth occurred on the date and	hour and from the couses stated
1	22k SIGNATURE	I story	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	6/19/A1
	In Ja Joe, F	//	Deer's Head	Center, Salisbu	ury, Md. 21801
	230. BURIAL, CREMATION, REMOVAL	236. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY PROPERTY OF THE
	Burial	6/24/81 Sp	ringhill Mem. (	Gardens Salis	hiry Was a
	24. FUNERAL DIRECTOR		25n DA	TE REC'D. BY REGISTRAR	STRAPE TO ALTON
	HOLIOWAY FUNE	RAL HOME, Sali	sbury, Md. MIN	2 3 1981	7

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



	FOR STATE REGISTRAR			DEPARTMENT OF	HEALTH			н .	EG. NO.	6	9 6	2
1. DĒ	CEASED NAME PE OR PRINT)	ROBERT		W. PLUMME	L	AST		DATE KNO OF EST DEATH MAT	WN X	MONTH 6-1-	DAY YEA	
3. SEX	ale whit	te Ma	arch 20	6. AGE (IN YE LAST BIRTHD.	ARS IF UNE	DER 1 YR. IF UNDER		DATE RONOUNCED DEAD		6-1-	DAY YE	л <b>6 до</b> 1
W	IRTHPLACE (STATE OR DREIGN COUNTRY)  ASh. D.C.			IAT COUNTRY?	WIDOWE		ED 🔲	BALTIMORE Wicomic	o Co	untv		
)	Salisbury	Pe	not in such acceptance	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) .a General ]	Hospi	tal	FOR MO	LOCCUPATION STOF WORKING L	IFE)		OR INDU	JSTRY
13a. S	abyland	RSING THE OR OTHER OUNTY		13c. CITY OR TOWN  Gaithersb		YES X NO	13e. STREE	T ADDRESS Honey	Broo	k Ci	Hopk rale	ins
	ATHER'S NAME FIRST Robert	MIDDL W		Plummer,	S.	15. MOTHER'S MAIDE FIRST Anna	N NAME	B.		A	lbrig	ht
2 16a. V	WAS DECEASED EVER (ES, NO, OR UNKNOWN)	IN U.S. ARMED FC		217 46 5		Robert V	V. Pl		Sr.	sam	e as	13e
NO	Canditions, if a gave rise to couse (a) stating lying cause last.  PART 2 OTNER SIGNIFICANT	immediate the <u>under</u> -	(b)	AS A CONSEQUENCE ( AS A CONSEQUENCE (	OF	OR CONDITION GIVEN IN PAI	RT 1 (a)					
1 1	190. DATE OF OPERA	TION	19b. CONDIT	ION FOR WHICH OPER	RATIONWA	S PERFORMED?					20 AUTOP	
TIFIC											YES E	N
CAL CERTIFIC	210. EXTERNAL CAUSE UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	21b. TIME OF 51022M F.M.	MUURY BAY	D	windury occurre					1	N
MEDICAL CERTIFICATION	UNDERLYING X	OR CAUSE OF DEATH	21e PLACE C		sub	ject shot	duri	ng alte	rcat:	ion	2)	
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT WHILE NOT AT WORK AT W	OR CAUSE OF DEATH RED WHILE X /ORK	21e PLACE C STREST FOR	OF INJURY (AT HOME. SELFARM, ETC.)	sub 21f. Loc Jan Autopsylicide	ATION ATION VIS Ave.&  Monicide X  TITLE (SPECIFY)	durin	ng alte	orces	ion	Count	
2	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT WHILE NOT AT WORK AT W  220. I certify that I death resulted from	OR CAUSE OF DEATH RED WHILE X I took charge of the statuted count Margari	21e PLACE C STREET STREET	OF INJURY (AT HOME. SELFARM, ETC.)	Sub 21f. Loc Jax	pject shot ATION PVIS Ave.&  X, Inspection Hamicide X  TITLE (SPECIFY) D. Assistant	during L42nd Undeter	Ing alte	rcat:	ion ster m my apin DATE	Count	

Robert V. Flummr. .. Ann 3. Alorignt ao - 217 h6 5596 Robert V. Flummr, Sr. gand an llo sum a occ una capacitum

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	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8   REG. NO.	16963
NAT X		CEASED NAME FIRST Ge1	ctie E.	RATHEL	20. DATE OF DEATH MONTH 6-1	DAY YEAR   25 HOUR   1:37 €
1 11 0	1. SE	x F	4 RACE	5. DATE OF BIRTH  MONTH  4-28-89	6. AGE (IN YEARS LAST BIRTHDAY) 92 YRS	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
Target of the same	74. 8 C	IRTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF COUNTY O	TY OF DEATH
by the to ed within	1	lisbury	11. NAME OF HOSPITAL, NURSIN LENOT IN SUCH FACILITY, GIVE STREET Salisbury Nursing		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12h. KIND OF BUSINESS OR INDUSTRY
04 50 B	USU 13e	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS	
July 2 shot	14.5	ATHERS NAME (FORGE	MODIE MARINE	IS MOTHER'S MAIDEN NA	RET MIDDLE FISH	46R LAST
The med		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS S	mp Town
physicial phoen. J emoval.		PART I. DEATH WAS CAUS	inly one cause per line for (a), (b) for ED BY	Humber	6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death o ttending e carbon tion, or r r trauma		4340 Conditions, if any, which	DUE 30. OR AS A CONSEQUE	Colorein	scluoris	44,
by the a se remov il, crema		gove rise to immediate cause (a), stating the underlying cause last	DUE TO DE AS A CONSEQUE	0		1
w require on signed hen plea to buris	NOI	PART 2 OTHER LIGHTRICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NO PRELATED TO THE TERM	AINAL DISEASE OR CONDITION (	GIVEN IN PART 1(0)
permit 16	CERTIFICATI	196 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
PSICIA hysician coetifica al-transit mtal Hys	2 3 5 5 6	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
After this The burn In and Monarked o	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDATION OF USE OF Health	N	220.   certify that (1) (this hasp the deseased alive a above (1) (we) (alid) (did n	13/1/1	, and that in (my) (aur) apinian	death accurred an the date and h	, 19 , that (I) (we) lost lour and from the causes stated
TALER The hosp AL DIRE stached I I'm Dept. (T. If I'm		The SCHATURE	hulls	DEGREE ATTENDINGS PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	THE DATE SIGNED
TO FUNER TO FUNER Phould be di with the Stu	1	DR. EARL M. E		22e ADDRESS	SALISBURY, MD. 2	21801
PP	23a.	BURIAL, CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY ATTA
DHMH-16 25M		UNERAL DIRECTOR	11 5/1995	25e. DA1	TE REC'D, BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE

M Add the second Red Exilial Harristories

# requires that the death certificate be executed within 24 hours after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directilip page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 countried death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 6

1. DÉ	- STATE REGISTRAR CEASED NAME / FIRST	WIDDLE	RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	REG. N	IO.  MONTH DAY YEAR 26, HOU
	EORPRINTI HILE	A. RACE White	S. DATE OF BIRTH  SOUTH 5 - DAY 9 0 YEB	June 3 6. AGE (IN YEARS LAST BII	RIHDAY) IF UNDER I YEAR IF UNDER MONTHS DATS HOURS
· ·		76 CITIZEN OF WHAT COUNTR		Wicomi	
Sa	alisbury	Peninsula	eneral Hospital	120 USUAL OCCUPAT (TYPEOF YORK FOR MOST O	
130 5	AL RESIDENCE (IF NURSING HOME OR START)		SKIN 134 INSIDE CITY LIMITS?		
	Chades	MIDDLE Marsh	15. MOTHER'S MAIDEN N	e MIDDLE	LAST
	WAS DÉCEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES GIV	MED FORCES?  E WAR OR DATES)	CURITY NO. 17 INFORMANT HOS	enters /	xaskin, Me
	2008	DUE TO, OR AS A CONSEC	QUENCE OF 1	0.4	
TION	THE PROPERTY.	DUE TO, OR AS A CONSECUTION (c)	QUENCE OF  ODEATH BUT NOT RELATED TO THE TER		
THEATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION (c)	um Nama ) W	MINAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
SICAL CERTIFICATION	gove rise to immediate cause (a), storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT OF THE SIGNIF	DUE TO, OR AS A CONSECUTION OF CONDITION OF CONTRIBUTING TO THE CONDITION FOR WHILE THE CONDITION OF THE CON	QUENCE OF  ODEATH BUT NOT RELATED TO THE TER  CH OPERATION WAS PERFORMED  DAY YEAR  19	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	gove rise to immediate cause on storing the underlying cause last.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	QUENCE OF  O DEATH BUT NOT RELATED TO THE TER  CH OPERATION WAS PERFORMED  DAY YEAR  19  211. LOCATION	200 AUTOPSY? YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO THE NO THE NEW YES NO THE N
	gove rise to immediate cause o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT O  19g DATE OF OPERATION  21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTEY MEDICAL EXAMINER TIME, UNDER AT WORK  220.1 certify that (1) (This hospin saw the deceased alive on above, (1) (week-dad) (did not obove, (1) (week	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY  19b. CONDITION FOR WHI  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  TO Ottended the deceased from	QUENCE OF  O DEATH BUT NOT RELATED TO THE TER  CH OPERATION WAS PERFORMED  DAY YEAR  19 211. HOW INJURY OCCL  STREET  19 211. LOCATION  STREET	20a AUTOPSY? YES NO STREED (ENTER NATURE OF INJU	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO THE NO THE NEW YES NO THE N
	gove rise to immediate cause (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT O  19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFETHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK  22g. I certify that (I) (This hospin showe, (I) (we hadid) (did not 22b). S. S. A. I. I.	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE) view the body ofter death.	QUENCE OF  O DEATH BUT NOT RELATED TO THE TER  CH OPERATION WAS PERFORMED  21c. HOW INJURY OCCL  19 21t LOCATION STREET  19 21t LOCATION STREET	20a AUTOPSY? YES NO STREED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO DIRY IN ITEM 18 PART I ORPART 2)  OWN COUNTY S1  219 that [1] (which is a second from the causes stored and hour and from the causes stored in the cause stored in the causes stored in the cause stored in the c
	gove rise to immediate cause o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT O  19g DATE OF OPERATION  21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTEY MEDICAL EXAMINER TIME, UNDER AT WORK  220.1 certify that (1) (This hospin saw the deceased alive on above, (1) (week-dad) (did not obove, (1) (week	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE) view the body ofter death.	QUENCE OF  O DEATH BUT NOT RELATED TO THE TER  CH OPERATION WAS PERFORMED  21c. HOW INJURY OCCL  19 21t. LOCATION STREET  19 21t. LOCATION STREET  DEGREE ATTENDING PHYSICIAN.  22c. ADDRESS	20a AUTOPSY? YES NO NO NOTIFIED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO DIRY IN ITEM 18 PART I ORPART 2)  OWN COUNTY S1  219 that [1] (which is a second from the causes stored and hour and from the causes stored in the cause stored in the causes stored in the cause stored in the c

DHMH-16 50M 1/81 (VRA 15, 4)

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English M. Washington and M. Massing

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND CERTIFICATE OF I	
		CEASED NAME FIRST	Jockson Shehan	20. DATE OF DEATH MONTH DAY YEAR 26 HOURS MAY 19 1981 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 HIS
1	a Bi	FEMALE STATE A FOREIGN	MAITE 10 - 13-	1900 SO YRS MONTHS DATS HOURS MIN.
55	10.0	PUNTRY)  PRUMANA  TY OR TOWN OF DEATH	MARRIED NEVER WIDOWED DI  11. NAME OF HOSPITAL, NURSING HOME ON OTHER INS	WORCED Wicomico
30	S	alisbury	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Peninsula General Hosp:	TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY
35	/	nd. 136/01	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130 CITY OF TOWN  130 INSIDE C  COMICA SAUSBUM YES	NO IX 130 STREET ADDRESS PIVERSIDE ST.
20	14. FA	Howard	W. JACKSON F)	SMAIDEN NAME " LA MAY GALLOWAY
l land	16a V	(AS DECEASED EVER IN U.S. AF ES. NO OPUNKNOWN) (IF YES, GP	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMA (E WAR OR DATES) 215-52-4203 WM. )	ShehAN Salesbury, Snot.
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONSTRUCTOR SO DEBUTING TO DEATH BLM NOT BELAYER	Carlie Vasala Deplace  Dito, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
in injury	TION	19g DATE OF OPERATION	LIV CONDITION FOR WHICH OPERATION AS PERFO	chrue.
9	CERTIFICATION			ORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
O'CHEO.	WE	NOT WHILE .	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
# 21 H W		abave, (1) (ve) (did) (did	the book after death.	19 that (1) (we last) apinian death accurred an the date and hour and from the causes stated
1		226. SIGNATURE		ATTENDING A MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (19/8)
MPORTAN		Dr. Oswa	) 1	us Ave. Salishura. Ind.
	23a B	URIAL, CREMATION, REMOVAL BURIAL	236. MATE 6.24/1981 236. NAME OF CEMETERY OR CONTROL	CEM BALLIMONE AND SOUNT TO SEE AND SEE
1	H	NERAL DIRECTOR BAKER-BO	ounds SATISBURY, Md	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SUPPLIES.

STATE OF MARYLAND

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MPORTANT: with the State

MEDICAL

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NOT WHILE

23e. BURIAL, CREMATION, REMOVAL

JUSEPH C. F. PZGE rald

of Health and Mental Hygiene

TO FUNERAL DIRECTOR:

**DHMH-16 25M** 

(VRA 15, 4) 1/79

STATE OF MARYIAND

STATE

STATE

STATE OF MARITAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	
· - CERTIFICATE OF DEATH		REG. NO

= STATE REGISTRAR		ber akin	CERTIFICAT			TENE (	REG. NO.	2	0	y	0	
1. DECEASED NAME	FIRST	MIDDLE	LAST			2a DATE	OF DEATH MONTH	DAY	YEA	UR	2b. HOU	R
	NORMAN	Belle	SHORT				JUNE	6	198	31	5:20	
3 SEX		4 RACE	5. DATE OF BIRT	н		& AGE IN	YEARS LAST BIRTHDAY)	IF:	UNDERTY	YEAR	# UNDER	241
			MONTH	DAY	YEAR	-		MON	NTHS D	AYS	HOURS	м
MALE		White	MARCH	7	1893	88	YRS	5		- 1		
COUNTRY)	TE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED 1	NEVER	MARRIED [		ORE CITY OR COUR	ITYO	FDEAT	Н		
Marylan	d	U.S.	WIDOWED		NORCED	WICC	MICO					
10 CITY OR TOWN C	OF DEATH	11. NAME OF HOSPITAL, NURSIN		ER INS	NOITUTITE		LOCCUPATION RK FOR MOST OF WORKING				BUSINE	SS

SALISBURY SALISBURY NURSING HOME FARMER SUPERVISOR AUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13t. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 418 E. MAIN ST. WIC YES 😡 MD FRUITLAND NO T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST Belle MIDDLE Hill MIDDLE David Short ADD26937 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT E. Main.St. (son) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Warren Short, Fruitland, Md NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF years Conditions, if any, which gove rise to cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying lost couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 190 DATE OF OPERATION 20e AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION NO [ NO YES [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from that (1) (we) fast saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated obove, (I) (we) (did) (did nat) view the body ofter death

22¢ DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

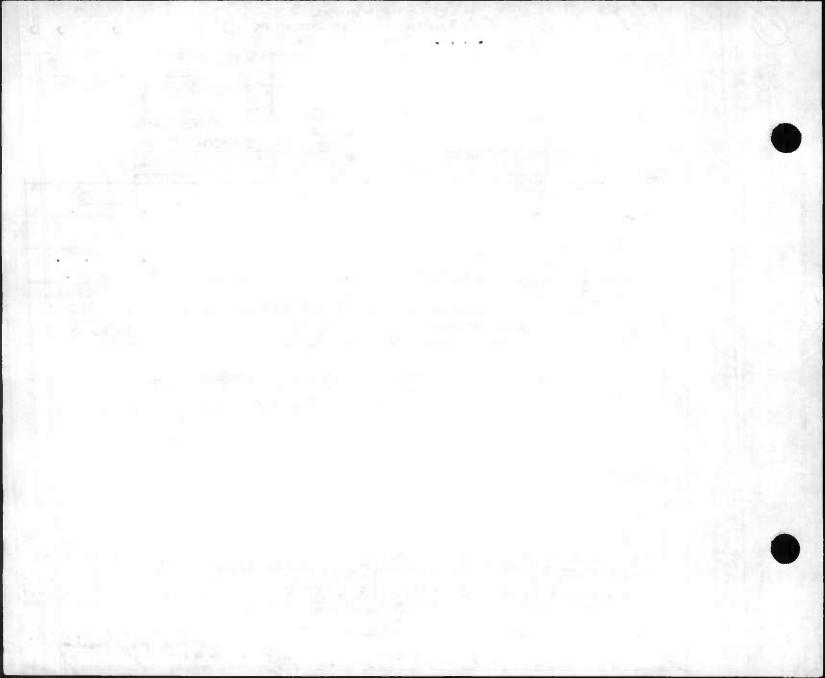
(SPECIFY) COUNTY Burial 6/8/8 Wicomico Memorial Salisby Park 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 134 ME

HOELOWAY FUNERAL HOME, Salisbury,

23b. DATE

Md

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

Poge 4 moy be

requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

# STATE OF MARYLAND

1-	FOR STATE		ENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		1000
_	REGISTRAR			REG. N	
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
	Evangel	ine	5 mith	Tuno 2	0 1981 1 A-M
3. SE	x	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	111
	F	B	MONTH DAY YE	AR 62	MONTHS DAYS HOURS MIN.
	RTHPLACE A SHATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9 BALTIMORE CITY C	R COUNTY OF DEATH
	VQ.		WIDOWED DIVORCE	D Wicomico	MD.
100	ITY OR TOWN OF DEATH	THE NOT IN SUCH FACILITY, GIVE STREET AD		128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
		Peninsula Gene		1 LOPO	rer Look
	AL RESIDENCE (IF NUISING HOWEOR OF OTH THE COUNTY		13d. INSIDE CITY LIN	AITS? 13 PIREET ADDRESS	27
14 FA	ATHER'S NAME FIRST MID		15 MOTHER'S MAIL		
)	Unk	nown (AST	FIRST	Unkn	own
	VAS DEGEASED EVER IN U.S. ARME YES, IT O' UNENOWN) (IF YES, GIVE W		2756 GENERALIT	A. Monuel S	Stock for Md.
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED 8	one cause per line for (a), (b), and (			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE C	1 DILAA	NEIATIVE J	PSIS	12h.
	1991	DUE TO, OR AS A CONSEQUEN	ICE &		3
	Conditions, if any, which	metasta-	tic Adamos	ARCINOMA	
	gove rise to immediate	(B) /// E/43/-1	10000		
	underlying couse lost	DUE TO, OR AS A CONSEQUEN	ICE OF		
		(c)			
CERTIFICATION	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to de</u>	ATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
AT	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
FF				VECTO NOTAL	IN CERTIFYING CAUSES OF DEATH?
ERI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW IN HIDY	YES NO DOCCURRED (ENTER NATURE OF INJUR	YES NO
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR	JCCORRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
EDI	21d, INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OF TO	WN COUNTY STATE
×	AT WORK NOT WHILE	(AT HOME STREET, FACTORY, OFFICE FAR	M, ETC ) SIREE!	CITORIO	AND STATE
	220.1 certify that (1) (this haspital)	attended the deceased from	5/28 19	81 to 6/2	co 19 8 that (I) (we) lost
	sow the deceased alive on	6/19 198	ond that in (my) (our) c	pinion death occurred on the de	ate and hour and from the causes stated
	obove, (I) (we) (did) (did not) vi 22b. SIGN ATURE	ew the body offer death.	DEGREE		22c DATE SIGNED
	1-nul 0.20	011111	ATTEND	ING _ MEDICAL _ STAI	F 1/20/01
	276. PHYSICIAN'S NAME (TYPE OF PR	ing		IAN DIRECTOR PHYSIC	IAN LI U/20/8/
197	276. PHYSICIAN'S NAME (TYPE OR PR	1	22e ADDRESS	Ath 11- 4	2
	PAUL KF	leury	305 /		Ocomoke.
230	PECIETY	23h DATE 235 NA	ME OF CEMETERY ON CREMA	TORY 23d LOCATION	

BP. DHMH - 16 50M 1/B1 (VRA 15, 4) 6-24-81 Home Benet, Cem, Stockton Wor.

Entreplies - and addition of obisopside A A C. J. DV A a D Transfer A Lasting Common Adams Transfer That I the second through the Elektronia tinkristung AND THE STREET OF THE PROPERTY Topological Every The East See Sheekler I top Make Half the same of t within 24 hours often

# CTATE OF MADVIAND

FOR

JIAIL OF MARILAND	13
DEPARTMENT OF HEALTH AND MENTA	L HYGIENE O
CERTIFICATE OF DEATH	

1	6	9	6	8

- STATE REGISTRAR	CE	ERTIFICATE OF DEATH	REG. NO	
1. DECEASED NAME (TYPE OR PRINT)	e Dennis	Smith	JUNE 2	5 1981 2 PM
3. SEX FEMALE	4. RACE White 5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	ARRIED NEVER MARRIED	9 BALTIMORE CITY OF	
MARYLAND	U, S. M. WI	DOWED DIVORCED	Wicomic	7110.
Salisbury	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE Peninsula Gene	(55)	120 USUAL OCCUPATION (THE OF WORK FOR MOS) OF	NOR HER WORK HER WINDLETRY  Shirt FACTORY
DELAWARE SU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINITY  13. GITY OR TOWN  SSCY  M///SOON		P.F.D. #	3 BOX W3
14 FATHER'S NAME FIRST LEE	DENNI.	5 ANNI E	WIDDLE	Powell
16a WAS DECEASED EVER IN U.S. AR (YES, NO OR TRANGWA) (IF YES, GI	rmed forces? 166 Social Security ve war or dates) 212-10-90	85 Chistine	Uh AYLAND	See Sse 13.
PART I. DEATH WAS CAUSE	nly one cause per line for (p., (b), and (c) ED BY. TE CAUSE (a) Metastat	ic Renal (	arcinoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  SIX MONDIS.
	(b)		INAL DISEASE OR COND	ITION GIVEN IN PART 110
AMEMICA, 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OB CONTRIBUTION C CALIFF OF OF		YEAR 19	ED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR PART 2)
OR CONTINEUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TOW	'N COUNTY STATE
sow the deceased alive or	ital) attended the deceased from	ond that in (my) (aur) opinion o	, ta	te and hour and from the couses stated
22b. SHOPE TURE	andrefellar		MEDICAL STAFF	
278. PHYSICIAN'S NAME (TYPE C	ORPRINT) HANDRASEKHAR	A SUITE 32.	MEDICAL	CENTER-SALKBUR M
230 BURIAL, CREMATION, REMOVAL (SPECIBULIAL	23h. DATE 6/27/1981 Wic	ONICO MEMPLE	SAUSOU	ry. Wie. Mid

BP.

etained by the haspital ar attending physician

DHMH - 16 50M 1/BI (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burnal-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

236 NAME OF CEMETERY OR CREMATOR WICOMICO MEM. 1

library of president and the first of the light of the li

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physici

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and Mental Hygiene or Item 18 shows

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CERTIFICATION

MEDICAL

	STATE OF MARYL
FOR 1 - STATE	DEPARTMENT OF HEALTH AND
- STATE	CEDITIFICATE OF

AND

DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE B	o.	6	9	6	9	
7	SQUARE	June 5,	MONTH 1981	DAY	YEAR	26 HOU 7:2	Λ	•
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY)	IF UNDE	RIYEAR	IF UNDE	24 HRS	,
7	2 5 1891	90	YRS	MONTHS	DAYS	HOURS	MIN.	
COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O		Y OF DE	ATH			•

I STATE OR FOREIGN

(IF NURSING HOMEOR OTHER INSTITUTION.

FIRST

Betty

76 CITIZEN OF WHAT

12b. KIND OF BUSINESS OR

Salisbury

REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

COUNTRY

WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Deer's Head Center

USUAL OCCUPATION

INDUSTRY

USUAL RESIDENCE

ARMED FORCES (YES OF UNKNOWN) (IF YES, GIVE WAR OR DATES)

> gove rise to immediate couse (o), stoting

underlying couse

GIVE RESIDENCE BEFORE ADMISSION

CITY OR TOWN

18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0

sten6si's 20a AUTOPSY?

10b. IF YES, VIN CERTIFY!	WERE	FINDIN	IGS US	SED
IN CERTIFY!	NG C	AUSES	OF DE	ATH'
YES			NO	

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) 22a. I certify that (I) (this haspital) attended the deceased from.

211. LOCATION

COUNTY CITY OR TOWN

sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE

ATTENDING **PHYSICIAN** 

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT

E. P. Ritchings, M.D.

22e ADDRESS

Head Center, Salisbury

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

23 BURIAL CREMATION, REMOVAL

DEGREE

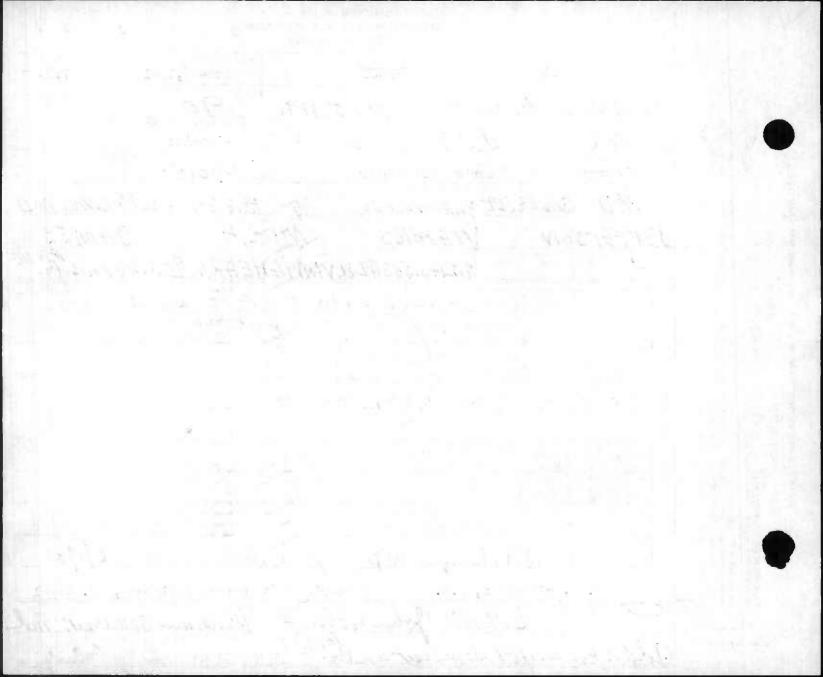
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FUNERAL DIRECT auld be detached th the State Dept.

MPORTANT.

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BP.

DHMH-16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		G. NO	6	9	7
LAST	20. DATE OF DEAT	H MONTH	DAY	YEAR	2h HOU
S-TED11=015		in	1	91	12

1	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYO	GIENE 8	NO.	0 4	/ 0
	ECEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR 5
	Jose	ph H.		ST	EPHENS		a	1 81	12 P M
3. SE	X	4 RACE		5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST 8	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
2	Male	Whi	te	Aug	20 2000	80	YRS	MONTHS DATS	HOOKS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	NEVER MARRIED DIVORCED	9. BALTIMORE CITY WICOI		Y OF DEATH	MD.
	Salisbury		HOSPITAL, NURSIN CHEACILITY GIVE STREET 15u1a GE		or other institution  1 Hospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Truck D	OF WORKING	(IFE) INDUSTRY	cki ne
130	JAL RESIDENCE (IF NURSING H STATE Md	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Baltimo	'N	13d. INSIDE CITY LIMITS? YES MO 🗌	13e. STREET ADDRESS			t 21211
14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	ST
	William S.				Ada	-			
160	TYES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES) 19–1922	216 03 2	2650	Catherine	Stephens	Same		KUMATE INTERVAL ONSET AND DEATH
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	t conditions <u>c</u>		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COI	20b. IF YE	IVEN IN PART 1:	NGS USED
TIE						YES NO		ES [	NO [
MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIF EITHER NOTIFY MEDICAL EXAMI	NER) P	OF INJURY  .M. MONTH DA  .M.  OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET FACTORY, OFFICE F	ARM ETC 1	STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (I) (this be sow the deceased alive above, (I) (we) (did) (did	on Ul/	196	3/10	nd that in (my) (our) opinion	death occurred on the	dote and ha	our and from the	that (II (we) lost couses stated
	226 PHYSICIAN'S NAME (TYP	Ben /	Roner	MC	DEGREE  ATTENDING PHYSICIAN [ 220 ADDRESS	MEDICAL ST.	AFF ICIAN []	le l	SIGNED
	W BER	) H(	RNER		SALISB	ORY A	d.	21801	
	BURIAL, CREMATION, REMOV.	AL 236 DATE 6/5/8			of Faith	23d LOCATION CHY OR TOWN Baltin	nore	COUNTY	Mary:
_	UNERAL DIRECTOR				25a. DA	TE REC'D. BY REGISTRA		TRAFE SIGNA	
	Burgee Funeral	Home 3	631 Falls	Road	21211	IN 1 1981	tu	May /10	Breaks

printed sevin more but town and town and the grantelites - the street ... postures os 1919-1922 215 M 25 W Colherine Scalibert Dame mater to receipt to a Little fills boo affin for ones relate about

	2	11-	FOR STATE REGISTRAR		STA DEPARTMENT OF MEDICAL EXAMI	HEALTH	ARYLAND AND MENTAL F ERTIFICATE C	EDEATH	1 6 G. NO.	971
		1. DE	CEASED NAME	IRST TAXE	MIDDLE	-	(AST	20. DATE KNOW OF ESTI- DEATH MATE	/N F3 MONTH	PAY YEAR 26. HOUR
	RECTOR. RECTOR. HOURS STREET,	3. SEX		LIJAH Is. date of e	Luther	YEARS IF UN	TERLING DER 1 YR. TIF UNDER		MONTH O	DAY YEAR 2d HOUR
	DIRECTOR.  R FILES.  HOURS	- 1	ale Whit	MONTH	3 1888 93	RS.		MIN. PRONOUNCED DEAD	6-6-81	19 M
	RAL	Ja Bl	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN	OF WHAT COUNTRY?	8. MARRI	ED NEVER MARR	IED 9. BALTIMORE C	ITY OR COUNTY	OF DEATH
		. IV.	laryland		U.S.	WIDOW	ED DIVORO	ED Wico	mico	MD.
	PAGE PILED		Salisbury	Peni	FHOSPITAL, NURSING HOASUCH FACILITY, GIVE STREET ADDRESS.  "" "" "" "" "" "" "" "" "" "" "" "" "	al H		120. USUAL OCCUPATION FOR MOST OF WORKING LIFE Waterma	E)	b. KIND OF BUSINESS OR INDUSTRY
1201	SHOULD BE	13a. S	TATE Md.	OUNTY OMERSET	13c. CITY OR TOWN Cristie	eld	13d. INSIDE CITY LIMITS? YES NOX	Box 179		
RE, MD. 2	PAGES 1, 2, CORM PM 3. CORM PM 3. S 1 AND 2 SIN ON OTHER PM 2. SIN OTHER PM 3.		ATHER'S NAME FIRST  Luther VAS DECEASED EVER IN U	MIDDLE	Sterling 2 166 SOCIAL SECUR	ITY NO	15. MOTHER'S MAID FIRST Mary 17. INFORMANT	y Ellen	C	helton
LTIMO	LU WO	(Y		ES. GIVE WAR OR DATES)	219-32-2			Pinto, Cr	isfield	
., 8	OURS A SIN THE PAGE IT. PAGE		18. CAUSE OF DEATH (E PART I DEATH WAS	nter only one cause p	per line far (a), (b), and (c).)	1 0				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SNO	AIN 24 HO IN ITEM I R ALONG SIT PERMI HYGIENE			MEDIATE CAUSE (a).	O. OR AS A CONSEQUENCE		KULL			hours
REST	ER A A SIT	7	Canditions, if any,	which						
01 W. Pf	DTED WITHIN PENCIL IN EXAMINER A FATERANSIT MENTAL HY OR REMOVAL		gove rise to imm couse (o) stating the lying couse lost.		O, OR AS A CONSEQUENCE	E OF				
ORDS, 3	LD BE EXECUPENDING" IN PENDING" IN PENDING" IN PENDING	Z	PART 2 DTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEAS	DR CONDITION GIVEN IN PA	ART 1 (a),		
REC	PEN	₩.	19e. DATE OF OPERATIO	N 19b. C	ONDITION FOR WHICH OP	ERATION W	AS PERFORMED?			20. AUTOPSY?
/ITAI	ORD	I I								YES 🗆 NO 🌃
ONOF	THE WATER	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAU	SE OF DEATH 3	IME OF INJURY  JR AM. MONTH DAY YE  5-M. 6-6-81	AR Pa	ssenger	in auto inv		
DIVISION	THIS CERTIFING TO WRITING TO WARDED TO PAGE 3 SHOULD STATE DEPAIR 1201 PRIOR	MEDI	21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK	ILE STRE	LACE OF INJURY (AT HOME.	21f. LO	667, Reh	obeth, Some	erset, coun	Md. STATE
	MINER: THIS CER IFICATE, WRITING BE FORWARDED CTOR: PAGE 3 S H THE STATE DEP AND, 21201 PRIO		220. I certify that I too	k charge of the rema	ins described above, held an		The state of the s	Undetermined manner	ond in my opin	ion
	CAL EXAMII THE CERTIFI SHOULD BE RAL DIRECT ATH, WITH RE, MARWAN		ACTUAL SIGNATURE	K			TITLE (SPECIFY)	Y_MEDICAL EXAMINER	DATE	6-8-81
	NO NO NO		1	arl L. R	Royer, M.D.		1237	Camden Ave.		
	EXECUPAGE TO FUR FOR FUR FUR FUR FUR FUR FUR FUR FUR FUR FU	23o.B	URIAL, CREMATION, REMO		23c. NAME OF C			23d. LOCATION CITY OR TOWN	COUNTY	
	BP		Burial	6/8/	/81 Asbur	У	1	Crisfield	d.Somer	set,Md.
	DHMH - 17 (VR A15 ME (5)) 15M 7/76		uneral director inman Fune	ral Home	/81 Asbur ADDRESS Somerset Crisfield	Ave.	250. DATE	1 5 1981	REGISTRAR'S SIG	Bud .

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funer should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages I and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian, ar removal.

MPORTANT: If Item 21 is marked or Hem 18 shaws any injury, or ather troumotic event, the medical

STATE OF MARYEAND 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1.	FOR STATE REGISTRAR			DEPART		ICATE OF I	MENTAL HYG DEATH	EIENE 8	REG NO.	1 0	9	1 4
(TYP)	CEASED NAME E OR PRINT)	Hurold		MIDDLE	Ste	rling.	Jr.	20. DATE OF 1	e 9	.1981	YEAR	26 HOUR M
	h	OR FOREIGN	1. RACE  W  7b. CITIZEN OF	what country	May 8	27.	1917		64	YRS. PUNCTON OF D		IF UNDER 24 HRS HOURS MIN.
10_C		yland DEATH	11. NAME OF	S.A. HOSPITAL, NURS HEACILITY, GIVE STREE SULA GE:	WIDOWE	D D	VORCED	12a USUAL O	CCUPATION FOR MOST OF W	1 128	KIND OF	MD. F BUSINESS OR
13a 3	AL RESIDENCE (# N STATE	Wico	mico	Salish	WN	13d. INSIDE C YES 😿	ITY LIMITS?	13e. STREET AI 1919				
	Harold		R	Sterli	nø	C	ynthia		MIDDLE		Lank	
16a Y	WAS DECEASED EV YES, NO OR UNKNOWN)	ER IN U.S. AR	MED FORCES?	166 SOCIAL SEC 216-14-	URITY NO.	17 INFORMA		ing	ADDRESS Same		, b, c	
ATION	Conditions, if o gave rise to cause (a), sto underlying cai	immediate ating the use lost.	DUE TO, OI	R AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT TION FOR WHICH	JENCE OF			IN AL DISEASE		ION GIVEN IN		
RTIFIC								YES NO YES NO NO				OF DEATH?
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN				VITEM 18 PART 1 OF	PART 21	
MED	WHILE NOT AT WORK	URRED WHILE WORK	21e. PLACE	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC )	211. LOCATIO	ON.		CITY OR TOWN	CC	YTAUC	STATE
	220.1 certify that	(1) (this hospit osed alive an ) (did) (did not	view the bady  Clwel	Mb 19		DEGREE	ATTENDING PHYSICIAN	death accurred  MEDICAL DIRECTOR	STAFF PHYSICIAI	2		
-	BURIAL, CREMATIO (SPECIFY) Buri		23b. DATE 6/12,	1-		emetery or o				COUN	to the late I	STATE MARY
24 FL	Dradshaw	& Son	s Cr	ADDRESS Lsfield.		21817		E REC'D. BY REC		REMOTRAR'S	sie Au	Luck.

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or

BP.

Starling, In. June 9, 1-4 The same of the sa bi Executiv tel declaration and a make that fortique late . almortales . water Milliam of the action of the Sweet and instance the state of the state Ten M. H. II Eld-in-1876 From F. Starling Inch as 13 A, 0, c. fig. and recorded minimist granuled the second of the cold 192 T. Dark A. Otto Colorida, Sci. 20017 ... Stell T. 1921

0.6		CEASED NAME FIRST	WIDDLE	ı	AST	REG. NO	MONTH DAY YEA	R 26 HOUR
V 3	{TYPE	Robert	К.	STO	VER		6 258	1 725 DN
Cha	3. SE		4 RACE	S. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
MA)		ale	White		1/1939	42	YRS	
15 75	В	RTHPLACE (STATE OR FOREIGN COUNTRY) ellefonte, Pa	76. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED DIVORCED DI	Wicomico	_	MD
80		lisbury	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE Peninsula	STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Partner	ON 126 KIN INDUST Auto Sal	
or polit per property	P	ennsvlvamia 🐔	BULLET 113c CITY OR	before admission) town pery R		13e. STREET ADDRESS Rd. 4	Aucorbar	rage co.
omplet ond	14 FA	THER'S NAME John Kenneth Ker	meth Stor	ver	15 MOTHER'S MAIDEN NAM	ncis Middle Mae	Barto (unkno	(AST
s. Pages	(1	AS DECEASED EVER IN U.S. AR LES NO OR LEGENNI) LINKHOWN 1958-	F WAR OR DATEST	SECURITY NO. 2-7485	Mrs. Hazel	Benner S	same a	as 13 Lfe)
physicie movol.		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o), le D BY: TE CAUSE (o)	ond (c)	orandial	Infanctio		ROXIMATE INTERVAL
nding corbo i, or re		4100	DUE TO, OR AS A CONS	EQUENCE OF	Preside (	. Allen - I I	300	Green.
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	ATH	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH?
t permit.	TIFIC		The state of the s					
1-tronsit per of Hygiene m 18 shows	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	****	DAY YEAR	21c HOW INJURY OCCURR		1	2)
or frem 18 shows	MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	19	21c HOW INJURY OCCURR 211. LOCATION STREET		Y IN ITEM 18 PART I OR PART	2) STATE
certificate has unal-transit per cental Hygiene lem 18 shows		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK  27a.1 certify tho (this hospi	HOUR A.M. MONTH P.M.  The PLACE OF INJURY (AT HOME STREET, FACTORY, OF	19 FFICE, FARM, ETC.)	211. LOCATION STREET	ED (ENTER NATURE OF INJUR  CITY OR TOV	Y IN ITEM 18 PART 1 OR PART	STATEtho (1) (we) lost
DIRECTOR: After this certificate has oched for use as the burial-transit per Dept, of Health and Mental Hygiene If Item 21 is marked or Item 18 shows		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK  27a.1 certify tho (this hospi	THE HOUR A.M. MONTH P.M. The PLACE OF INJURY (AT HOME STREET, FACTORY, OF	19 FICE, FARM, ETC.) om 6- 19 81 . on	211. LOCATION STREET  19.80 d that in (my) (our) opinion d	CITY OR TOV  . to	VN COUNTY  COUNTY  19 87  19 87  ite and hour and from 1720. DA	state  tho (1) (we) lost the couses stoted
DIRECTOR: After this certificate has oched for use as the burial-transit per Dept, of Health and Mental Hygiene If Item 21 is marked or Item 18 shows		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK  27a.1 certify tho (this hospi	HOUR A.M. MONTH P.M.  The PLACE OF INJURY (AT HOME STREET, FACTORY, OF	19 FICE, FARM, ETC.) om 6- 19 81 . on	711. LOCATION STREET  d that in (a) (our) apinion d	CITY OR TOV	VN COUNTY  COUNTY  19 87  19 87  ite and hour and from 1720. DA	tho (1) (we) lost the couses stoted
DIRECTOR: After this certificate has oched for use as the burial-transit per Dept. of Health and Mental Hygiene If Item 21 is marked or Item 18 shows	WEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK  27a.1 certify tho (this hospi	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	19  Om. 6- 19 81 on	211. LOCATION STREET  2. 19. S. d that in my (our) opinion d EGREE ATTENDING PHYSICIAN M 27e ADDRESS  METERY OR CREMATORY	CITY OR TOV  . to	COUNTY  COUNTY	tho (1) (we) lost the couses stoted ATE SIGNED 25.81

REGIONAL

S. L'abury Berinsels General Monostrat and the state of the second of SET TO SET THAT WE SET

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2ª DATE OF DEATH MONTH MIDDLE LAST I. DECEASED NAME TYPE OR PRINT) Mollie Taylor E. 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS 4 RACE 1 SEX MONTH YEAR Female White 7-77-88 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [ WICOMICO COUNTY 12ª USUAL OCCUPATION 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SALISBURY NURSING HOME SALISBURY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 1136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Chestnut St. Wicomico Delmar Mary land 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST Mary Burbage Francis Taylor **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT 140 WAS DECEASED EVER IN U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES) IYES. NO OR UNKNOWN Nadine O'Neal 214-32-6203 Delmar. no CAUSE OF DEATH (Enter only one cause per line for (a), (by and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE ery selevons Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION NON 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN NOT WHILE AT WORK AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from tow the deceased alive on. and that in (my) (vor) opinion death occurred on the date and hour and from the causes stated above (It (we) (did) (did not wise with body after death

FOR

**DHMH-16 25M** (VRA 15, 4) 1/79

MPORT

FUNERAL

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24 FUNERAL DIRECTOR ADDRESS Marvel-Short Funeral Home Delmar.

23b. DATE

THE PHYSICIAN'S NAME ITYPE OF PRINT

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Buria:

IR. EARL M. BEARDSLEY

Delmar, Sussex Del. ephens 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION

CITY OR TOWN

CIVIC AVE, RT. 50, SALISBURY

DEGREE

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

STATE OF MARYLAND

STATE

21801

STATE

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

Celle.

8:25P

IF UNDER 24 HRS

6-10-81

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

Md

COUNTY

ridge Miller

YES [

IN CERTIFYING CAUSES OF DEATH?

DAYS

MONTHS

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Fog retained by the hospital or attending physician.
	offer
DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMOKE, MARTLAND 21201	Jours
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The lireteined by the hospital or attending physician.
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FOR

STATE OF MARYLAND 6 9 7 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
١		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1			Bes		Vaomi -	THU	MAS	JUNE 10	2,198	1	51 A M
1	3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		FEMAL		White	9	July		84	YRS.	DATE DATE	MIN.
-	7a. BIF	RTHPLACE (STATE OR I	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
		w Jersey		US	SA	WIDOWE		Wicomico	,		MD.
	10. ⊂1	TY OR TOWN OF DEA	НТА		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
2		alisbury		Peni	nsula G	ener	al Hospital	Florist	JF WORKING (IFE	INDUSTRI	
	USUA 13a. S	AL RESIDENCE (IF NURS	NO COUL	OTHER INSTITUTION	13c. CITY OR TOW	N	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	M		Dor	chester	Hurlo	ek		Cabin Cr	eek R	OAD	1,5512
	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	T
1		Charles		D.	Twil		Addie		hia		errick
1		AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR	110		x 89
-		No		-	218-10	-9639	W.Hampton	Thomas, Sr	. Hur	lock,	MD
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one couse per	line for (o , (b), on	d (c).	. / .	7		APPROXI BETWEEN	MATE INTERVAL
		PART I. DEATH W		TE CAUSE (a)	May	eres	ton fail	we		2	weeks
1		4960		DUE TO, OI	R AS A CONSEQUE	NĈĘ OF	1 -1 1-2	1. /		2/427	en the
1	24	Conditions, if ony,	which	(b)	· Chian		oscience	my on	alsu	7,00	20413.
1		gove rise to imm	ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
1		underlying couse	lost	(c)		231			16055	1919	
1	7	PART 2. OTHER SIGN			INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM			N IN PART 1 c	3 '
4	CERTIFICATION	cong	CATIL	11001	7 5211.6			742m16 11			
	NO.	190. DATE OF OPERAT	NON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
4	E							YES NO	YES		NO 🗌
		210 ACCIDENT WAS UND		216 TIME O	FINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDIC	CAL EXAMINER	P./		19					
1	WED	21d INJURY OCCURE		21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC )	21f. LOCATION STREET	CITY OF TO	NWN	COUNTY	STATE
		WHILE NOT WH	RK					- Haras			
		22a.l certify that (I)						_, to Tune	10	9 1	though (we) lost
		saw the decease above, (1) (we) (c	dalive on	t) view the body	ofter death.		nd that in (our) opinion o	death accurred on the d	ote and hour	and from the o	couses stated
1		226. SIGNATURE		191.	200 m		DEGREE ATTENDING	, MEDICAL STA		22c. DATE	-
4		que	ran	-A 10	ages 100	V	PHYSICIAN Z	MEDICAL STA	IAN	6-14	3-81
		22d. PHYSICIAN'S NA		-	0	0	22e. ADDRESS	P 1	11	C-11	1101
		Will		0 / 0	6EC, m	1	reminsols	General ,	405/	19/8 B	ory und
	15	URIAL, CREMATION,	REMOVAL		0 -		EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		urial		6-13	-81 Eas	stNew	MarketCem.	EastNew			
		NERAL DIRECTOR			ADDRESS.			E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATU	JRE
	Z	eller Fu	nera	1 Home	East I	Vew IV	larket, MD JU	N 1 9 1981	prof	my/Hal	ready

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, th

47 C. C. C. C. W. W. W. . Hold, and the state of the st

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

IF UNDER I YEAR

INDUSTRY

2b HOUR

IF UNDER 2

12b. KIND OF BUSINESS

MONTH

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 2n DATE OF DEATH (TYPE OR PRINT) 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) ucasiar BALTIMORE CITY OR COUNTY OF DEATH Wicomico WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK SOR MOST OF WORKING LIFE! Peninsula General Hospital Salisbury 13a. STATE NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR INKNOWN (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditians, it any, which gave rise to immediate

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE FARM, ETC )

d not view the bady after death.

23b. DATE

22a. I certify that which (this haspital) attended the deceased fram.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION COUNTY STREET CITY OR TOWN

STATE

NO

YES [

and that in(my) aur) apinian death accurred an the date and haur and from the causes stated DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

NO [

24 FUNERAL DIRECTOR

REGISTRAR 256. REGISTRAR'S SIGNATURE REC'D. BY

DHMH - 16 50M 1/81 (VRA 15, 4)

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burial-transit permit. Mental Hygiene pria

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uld be detached in the State Dept.

CERTIFICATION

MEDICAL

cause (a), stating the

NOT WHILE

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THE THEORY OF THE PERSON OF TH the West free suction & S. 1814 Trit for the Bereit who the production of the 19

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10	$\backslash X$

page 3 er death

n signed by the attending physician and completely filled in Then please remove carbon papers. Pages 1 and 2 shauld be

may be

executed within 24 hours after

# STATE OF MARYLAND

1	4	(3)	7	4
	0	7		1

	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYD	GIENE 8   REG. NO.	1697	7
	I. DECEASED NAME FIRST (TYPE OR PRINT) Marge	rret A.	1	uaho	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOU	ID A
1145	FEMALE	4. RACE WHITE	S. DATE O	20, 1946 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER MONTHS DATE HOURS	24 HRS MIN.
3	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COM WICOMICO	UNTY OF DEATH	WE
)	Salisbury	11. NAME OF HOSPITAL, NURSIN Peninsula Ger	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SHIRT	125 KIND OF BUSINE	SS OR
1		ROTHER INSTITUTION GIVE RESIDENCE BEFORE		LI30 INSIDE CITY LIMITS?	13e SIREET ADDRESS R.F.D.3		1.49
2	14. FATHER'S NAME WILLIAM B	ÖZMAN LAST		EVA LAIRI		LAST	
1	160. WAS DECEASED EVER IN U.S. AI (YES. NO OR UNKNOWN) (IF YES.)	RMED FORCES? 166 SOCIAL SECU 217-44-		CHARLES E	ADDRESS EDWARD VAUGH	N PR.ANNE. 1	MD.

YES, NO OR UNKNOWN)	(IF YES NO WAR OR DATES)	217-44-213	9 CHARLE	S EDWARI	D VAT	JGHN PR.	ANNE,	MD.
Conditions, if any gave rise to improve (a), stating underlying cause	AS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, (b)  mediate log the lost  lost  (c)	or As a Consequence of	are of u			wloges	4 w	ry s
19a. DATE OF OPERA	TION 196 CON	DITION FOR WHICH OPERAT	TION WAS PERFORMED	20a AUT	OPSY?	206 IF YES, WERE IN CERTIFYING C		ATH?
210. ACCIDENT WAS UNI	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEA P.M.	AR	OCCURRED (ENTERN	ATURE OF INJU	IRY IN ITEM 18 PART 1 OR F	PART 2)	
21d INJURY OCCURI	ILE THOME. S	E OF INJURY TREET FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	OWN COL	NUTA	STATE

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MADORTANT: If them 21 is marked ar Item 18 shows any injury, TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING PHYSICIAN: The lo

the hospital

24. FUNERAL DIRECTOR R.WILSON

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE /21/81 PRINCESS ANNE, MD.

CALIFIANAKIS

22a Certify that (1) (this haspital) attended the deceased fram-saw the deceased alive an 6 - 18 19.5

saw the deceased alive an abave, (1) (we) (did) (d.4 hall we

22b. SIGNATURE

22d. PHYSICIAN'S WANTE

680R68

23c NAME OF CEMETERY OR CREMATORY ORIOLE CEMETERY

DEGREE

M.D.

22e. ADDRESS

TER SAUSBURY

1234. LOCATION
CITY ORTOLE, MD MEDICAL CENTER

22c. DATE SIGNED

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

JUN 2 2 1981

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and the second s TANDERS TOTAL CARRIED BORRES VINCENTE VINCENTE C. T. V. H. DEREN SAT THE PROPERTY OF 25 2 41 1 Tu

executed within 24 hours ofte

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician

-		REGISTRAR			FICATE OF BEATH	IENE O			
-				CERTI	FICATE OF DEATH	REG. N	10.		
		OR PRINT)	MIDDLE	1.00	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
3.		KOBEK	T W.	VI	CKERS	JUNE	10,158		138
	. SEX		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UN	DER TYEAR	HOURS MIN.
		MALE	WHITE	12	-3-29	52	YRS.		
70		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRII		9 BALTIMORE CITY OF WICOT	_	DEATH	A Po
10	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOW SING HOME		170 USUAL OCCUPAT		2h KIND O	F BUSINESS OR
30	S	alisbury	Peninsula C	er address) Senera	al Hospital	CARPEN		MAK	INE
5	JSUA 30 S	TATE MA	THE INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION	YES NO [	13e STREET ADDRESS	WRCH	1	57.
, 14	4 FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	0,00,1		,
21		TOKN A.	MIDDLE VICKERS		1616.00	ED MIDDLE	ESKR	ING.	F
16			MED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS	0 40	-
	(Y	ES, NOOR UNKNOWN) (IF YES, GIV	REA 218-29	4-506d	MARGARE	T LANKE	ORD-	SKIM	PRICE
		PART I. DEATH WAS CAUSE	nly one couse per life for (a), (b), ED BY: TE CAUSE (a) HOUSE	Liver	failure				MATE INTERVAL
	DUE TO, OR AS A CONSEQUENCE OF CINADOS							40	ears
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECULATION OF THE PROPERTY	a /	Coholism -	a etak		9	ears
	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING T	O DEATH BU	T NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN II	V PART 110	
3	9								
9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING YES		
w/3		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	OR PART 2)	
1/18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
2	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR 10	OWN	OUNTY	STATE
	8.	220 I certify that (I) (this haspit	ital) attended the deceased from	1		, to		, t	hat (I) (we) last
		saw the deceased alive on	19 tiew the bady ofter death.	, a	nd that in (my) (aur) apinion (	death occurred on the d	ate and hour and	from the o	auses stated
		John a. Route	enberg	/	DEGREE  ATTENDING PHYSICIAN F	MEDICAL STA	FF CIAN (	22c. DATE :	IGNED
	9	JOHN A. RO	uterber M.D.		77e. ADDRESS	the Wesley		lical	Enter

BY REGISTRAR 256. REG

DHMH - 16 50M 1/81 (VRA 15, 4)

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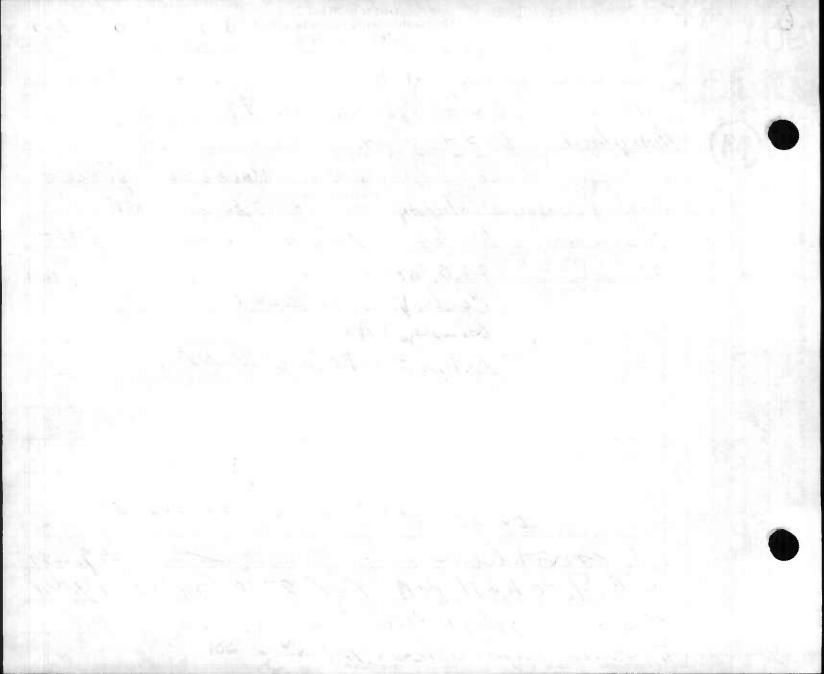
230. BURIAL, CREMATION, REMOVAL

236. DATE

TO FUNERAL DIRECTOR: After this ceruficate hos been signed by the attending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 laws the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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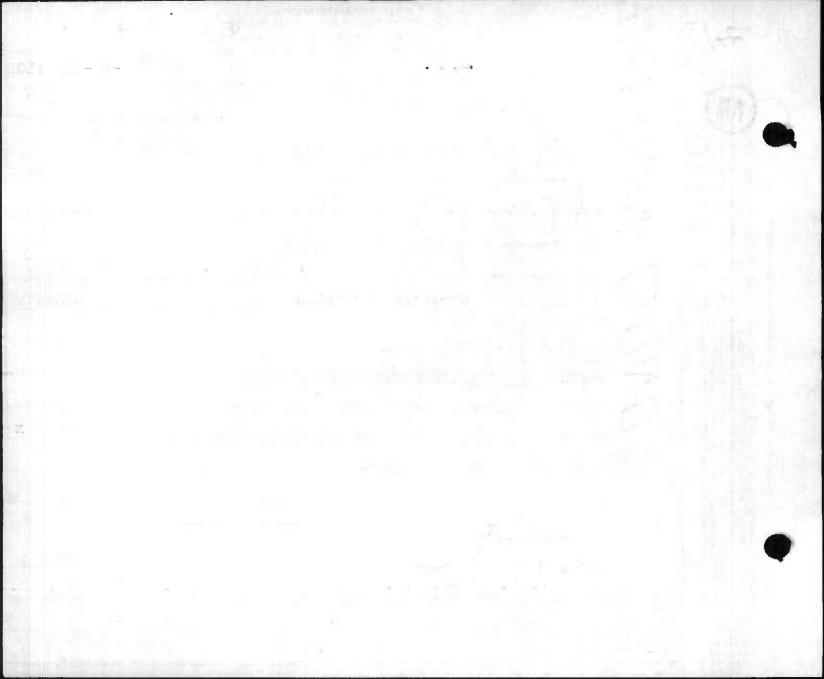
		Sem 8 G 557 7/13  FOR - STATE		MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	16	979
		REGISTRAR			ICATE OF DEATH	REG. NO		Tax mana
		CEASED NAME FIRST	WIDDLE	, , ,	AST			ZEAR Zb. HOUR
80		Willia	lm H.	Wall	er			9/ 8:25A.
1	3 SE	MALE	WHITE	S DATE O	1V, 5, 1888	AGE (IN YEARS LAST BIRTH		DAYS HOURS MIN
G 85		IRTHPLACE (STATE OFFOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	BALTIMORE CITY OF		TH
W.	5	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPATION	ON 12b. K	IND OF BUSINESS OF
filled in build be filled in build be filled	USU 130	0. 1-01	1	E ADMISSIONI	134. INSIDE CITY LIMITS?	13. HEET/ADDRESS	III Rd	1
stour Stour	14. F	ATHERS NAME  PINST AND CEL	MIDDLE WASHER	2	15. MOTHER'S MAIDEN NAM	ME AURA	Po	LEitt
Pages 1 and Compl	16a	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM	MED FORCES? 166 SOCIAL SECULAR OR DATES)		FRANCES	WILMER	SALIS	BUYG ME
physicia papers. emoval. tic event		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b) and BY: E CAUSE (a)	o Va	red Area	, let	86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ittending e carbon tion, or r trauma		4392 Canditions, if any, which	DUE TO, ORAS CONSEQU	ENCE OF	AJ			
by the a se remov al, cremai		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCEOF	lister Corde	Vandot	Dr.	
en signed hen pleë r to buri ny injury	NO.	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART I(a)
te has be bermit. T ene prio shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
physician, is certificat ial-transit plantal Hygi or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P.	ART 2)
After this the burish and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUN	STATE YE
ECTOR: for use as of Healt		sow the deceased olive on	tal) attended the deceased from 19	81 , on	d that in (my) (our) opinion of	death occurred on the do	ote and haur and fro	, that (I) (we) lo
by the hosp ERAL DIR State Dept ANT: If Ite		22b. SIGNATURE	Ahlen		DEGREE  ATTENDING PHYSICIAN	MEDICAL STATE	F_ 7	-9 Jans
retained by the TO FUNERA should be derwith the State with the State MPORTAN		77d. BHYSICIAN'S NAME (TYPE O	Chell 1	1	Pob 23	378 Sa	lisbu	rythea
BP		BURIAL CREMATION, REMOVAL OF CHARACTER OF CREMENT OF CR	23h Defe 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	nd. STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	Bounds Sport	Sun	md "300"	REC'D. BY REGISTRAR	256, REGISTRAR'S S	GNATURE



HOLLOWAY FUNERAL HOME, Salisbury, Md.

**DHMH-17** 

(VR A15 ME (5)) 15M 2/80



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

# STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

6

	REGISTRAR		CERTIF	ICATE OF DEATH	REC	3. NO.		
	DECEASED NAME FIRST	MIDDLE	U	AST	20 DATE OF DEAT		DAY YEAR	2b HOUR
	Frederic	k Mumford	WI	TRD SI	2. JUNS	20	19.81	5-15
3. 5	SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	White	Aug.	1. 1905	75	YRS		HOURS MIN
fo.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? B.	NEVER MARRIEL	9 BALTIMORE CIT		TY OF DEATH	
	Crisfield, Md.	USA	WIDOWE		MITCOMI	CO		M
/	CITY OR TOWN OF DEATH Salisbury	Peninsula Ge					12b. KIND (	OF BUSINESS O
100	SUAL RESIDENCE (IF NURSING HOME OF			. iosbira	1 Retired S	tate R	d. Commi	ssion
J 130	Maryland Wico	VIY HI3L CITY OR TO	WN I	13d. INSIDE CITY LIMI	01-1	Apts.		
2014	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDE		i e	I.A.	
-0	Thomas M.	Ward	7.	Alice	9	re.	Horner	51
160 N	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 214-03-5		Mr. Fred	son) 3 M. Ward, Jr.	16 S. I	Haven Av	e.
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF THE TO THE TO THE TO THE TO THE TO THE TOTAL	WILL OF MINIE	Bunch Obstan	In Value Pale  ETERMINAL DISEASE OR C	Meno ZI	Deel IVEN IN PART II	a
NO O		Usbetu MIL	Celes	-				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
5	OR CONTRIBUTION CAUSE OF OR		DAY YEAR	21c. HOW INJURY OF	CCURRED (ENTER NATURE OF	INJURY IN ITEM 18	PART OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE,	FARM, ETC )	2)1 LOCATION STREET	CITY	DR TOWN	COUNTY	STATE
	saw the deceased alive on	tal) attended the deceased from.	5/	d that in (my) (our) op	to to			

BP.

TO HOSPITAL

retained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR 6/22/81 HOLLOWAY FUNERAL HOME, Salisbury, Md.

Wicomico Mem. Park Salisbury
250 DATE RECD. BY REGISTRAN

RESS

TV. Md. III 1 - 1981

Indigent Imensi admuzeak yantakini 

# REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH Elsi (TYPE OR PRINT) 4 RACE 3 SEX AGE (IN YEARS LAST BIRTHDAY) MON BIRTHPI ACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Wicomico WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION PENSITE HOSPITAL 10. CITY OR TOWN OF DEATH 12n USUAL OCCUPATION Salisbury PHYPE OF WORK FOR MOST OF WOR Demoo 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE SE OR OTHER INSTITUTION, DIVE RESIDENCE METORS ADMISSION. OP TOWN 13d INSIDE CITY LIMITS? 14 FATHER'S NAME MIDDLE ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR LINKHOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) phys PART I. DEATH WAS CAUSED BY on GESTILLE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 0 b DIVISION OF VITAL RECORDS, CERTIFICATION ULCER O GASTRIC OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF ď pe NO Mento! Hygie sha 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY 0 CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 6-10 22a. | certify that (1) (this haspital) attended the deceased from hospital 6-10 sow the deceased alive on\_ obove, (1) (we) (did) (did not) view the body after death DEGREE ATTENDING MEDICAL STAFF auld be deta PHYSICIAN MPORTANT: 22e. ADDRESS MEDICAL CENTER

FOR - STATE

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE that (I) (we) last and that in (my) (qur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR | PHYSICIAN 23a. BURIAL. REMOVAL 23b. DATE 231 NAME OF CEMETERY OR GREMATORY (SPECIFY) EGISTRAR 251 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAY

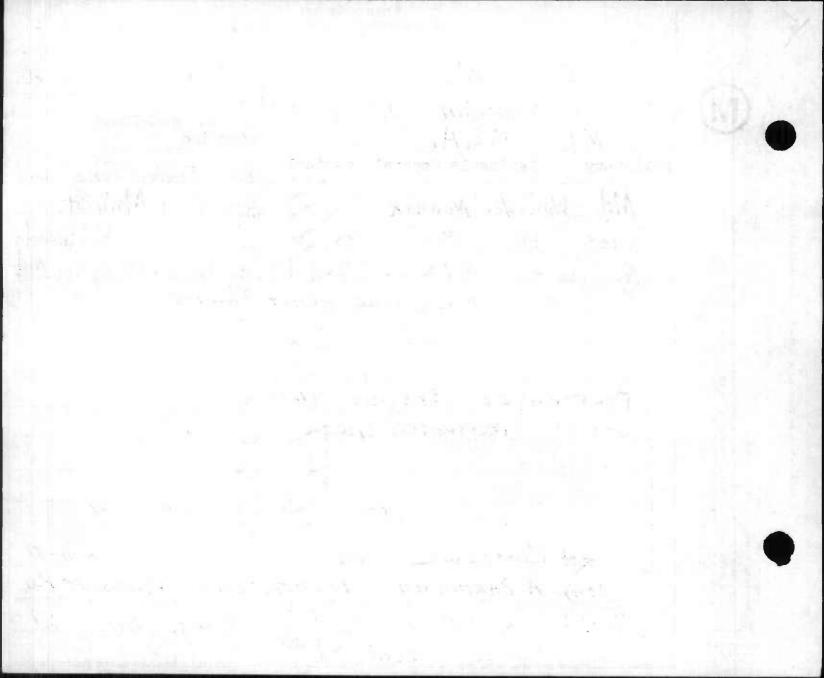
YRS

YEAR

IF LINDER 1 YEAR

2b HOUR

12b. KIND OF BUSINESS OR



	1	FOR - STATE	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8	16	8 3
	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO.	NTH DAY YEA	R 25 HOUR
	(TYPE	E OR PRINT)	mie L	(	whote	Lune. 27,19	0.	1,40
	3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA		EAR IF UNDER 4 HRS
	1	female	WH ITE	SEP	1.4, 1896 YEAR	84	MONTHS D	AYS HOURS MIN.
35		IRMPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? $U_{\bullet}S_{\bullet}A_{\bullet}$	8. MARRIE WIDOWE	D NEVER MARRIED TO DIVORCED	9. BALTIMORE CITY OR CO Wicomico	OUNTY OF DEATH	· M
80	Sa	alisbury	11. NAME OF HOSPITAL, NURSIN THE NOT IN SUCH FACILITY, GIVE STREET Peninsula Ge:	ADDRESS)		TYPE THE MOST OF WO		D OF BUSINESS OF
		STATE TO COUL	SET BRINCESS		13d. INSIDE CITY LIMITS?	13e STREET NODRESS OM	ERSET A	VE.
90		DANIEL W. WHI	MIDDLE LAST		SARAH H.			LAST
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU ZI9-36-		MRS SUSIE	WHITE PRI	NCESS A	NNE, MD
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	Cardovascula	- Disease		
	CERTIFICATION	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO I				ON GIVEN IN PAR	
2	TIFIC					YES NOT	CERTIFYING CAU	SES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			tol) ottended the deceosed from19_d to view the body ofter depth.	P1 , or	nd that in (m) (our) opinion o	, to, to		
T		M. PHYSICIAN'S NAME THE	Reilly MB		ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		127/P/
,	23a B	BURIAL, CREMATION, REMOVAL SPECIF BURIAL	23b DATE 23c N	NAME OF C	EPISCOPAL	23d. LOCATION MT VERNO	N MD OUNTY	STATE

PRINCESS ANNE, MD.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1981

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
LEVIN R. WILSON

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Palishney Featnerin Conego, Rose teal The strates decreased and

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		ENE 8	0.	6 4	8	4
		OR PRINT) / 111	6911		WIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	25
	3. SEX		all	4 RACE White	orge	S. DATE C	DAY YEA		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YE		24 HRS MIN.
5		RTHPLACE (STATE ORF		76. CITIZEN OF US	WHAT COUNTRY?	B. MARRIE WIDOWE	D NEVER MARRIE		Wicomico		TY OF DEATH		MD.
2	Salisbury  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital  12. USUAL OCCUPATION (IT PRE OF WORK FOR MOST OF WORKING I Retired tr							LIFE) INDUST	of Busini river				
5	USUA 130. S IV	AL RESIDENCE (IF NURS JATE Maryland		OTHER INSTITUTION,	Parson	sbur	13d. INSIDE CITY LIM	AITS?	BOX 11,	old	Ocean	City	7 Rd
0	14. FA	Walter	R	MIDDLE	White		15. MOTHER'S MAID Lefta				Mitch		
	16a W	AS DECEASED EVER		MED FORCES? E WAR OR DATES)	220-07		17. INFORMANT Mrs. Ma	ary	R. White	C 2	ame as	13	
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF								APPR BETWE	OXIMATE INTEI EN ONSET AND	,		
	NOI	()	on CA	1.50	Man +	DEATH BUT	AILULE.	E TERMIN	nal disease or con	DITION	GIVEN IN PART	1(a)	
1	CERTIFICATION	19a. DATE OF OPERAT	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CER	YES, WERE FIN TIFYING CAUS YES []		TH?
1	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 210. INJURY OCCURE WHILE NOT WH AT WORK AT WO	CAUSE OF DEA	HOUR A P.: 21e. PLACE	m, month da m,	19 ARM, ETC )	211. LOCATION STREET		D (ENTER NATURE OF INJU		8 PART I OR PART		STATE
		220.1 certify that Th	Withis hospi	tal) attended th	e deceased from.	6/	1 19	81	to 6/	0	19	- that THE (	we) las

signed by the attending physicia shauld be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, ar remaval. injury, ar ather traumatic event, TO FUNERAL DIRECTOR; After this certificate has bee marked ar Item 18 shaws any OR ATTENDING PHYSICIAN: The la etained by the haspital ar attending physician. IMPORTANT: If Hem 21 is HOSPITAL 0 BP. DHMH- 16 30M 2/80

(VRA 15, 4)

saw the deceased alive an above, (I) (we) (did) (did not) riew the body ofter death

22b. SIGNATURE

C. C. LAYTON. TO PGHMC - SALISBURY ML

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CITY OF TOWN
BURIAL 6/12/81 Jerusalem Church Cem. Parsons
HOLIOWAY FUNERAL HOME, Salisbury, Md.

230. DATE REC'D. BY REGISTRAL HOME, Salisbury, Md.

230. DATE REC'D. BY REGISTRAL HOME, Salisbury, Md.

230. DATE REC'D. BY REGISTRAL HOME, Salisbury, Md.

DEGREE

22e ADDRESS

and that in my cour apinion death accurred an the date and haur and fram the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

on'ion'

04 24 3		DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be returned by the happing or oftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the furnal directional product be detached for use as the burial-transit permit. Then please remove carbonappers. Pages I and 2 shauld be filled within 72 har different to the burial cremotion, or removal.	
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	REGISTRAR ECEASED NAME FIRST	CERTIFICATE OF DEATH  REG. NO.  MIDDLE  LAST  120. DATE OF DEATH MONTH DAY YEAR
	PE OR PRIMITE RAISE	01/15 WILKING TIME 201981
2.50	EX	1 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYE
ソレ	MALE	WHITE FEB. 22, 1897 84 YRS. MONTHS DAY
25 3	BRTHPLACE (1/41/1011091/CH	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
0 1	MARY AND	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND
84	Salisbury	Peninsula General Hosital
		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
20/		ICIM 120 WILLARDS YES NO EN STREET ADDRESS
20 14.8	ATHER'S AME	MIDDLE LAST FIRST MIDDLE
244	4AMES	WITKINS LAURA TRUIT
100.	WAS DECEASED EVER IN U.S. AF	ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SINE WAR OR DATES) 220-05-0/34 Edwa A. Wilkins, Will
'  =	// O	
	PART I. DEATH WAS CAUSE	
	IMMEDIA	ATE CAUSE (0)
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF LEROTIL TEART DISEASE
	gove rise to immediate cause (a, stating the	) ID TO THE TOTAL PROPERTY OF THE TOTAL PROP
		) DUE TO, OR AS A CONSEQUENCE OF
	underlying cause last.	
		( (c)
NOI		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART
CATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 190 DATE OF OPERATION	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART  POST -OP SMALL BOWEL KESECTLON  196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. FOR THE FIRM OF THE PROPERTY OF THE
2 RTIFICATION	PART 2 OTHER SIGNIFICANT RECENT F  190. DATE OF OPERATION 6-4-81	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART  POST -OP SMALL BOWEL DESCE ON THE SECTION OF SMALL BOWEL OBSTRUCTION OBSTRUCTION OF SMALL BOWEL OBSTRUCTION
S CERTIFICATION	PART 2 OTHER SIGNIFICANT  RECENT F  19a. DATE OF OPERATION  G-4-81  21a. ACCIDENT WAS UNDERLYING	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART  BOWL BOWEL BOWEL 200 AUTOPSY?  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  100 AUTOPSY?  100. IF YES, WERE FINI  101. TIME OF INJURY  102. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2
100	PART 2 OTHER SIGNIFICANT.  RECENT  19a. DATE OF OPERATION  G-4-8  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART  POST -OP SMALL BOWEL RESECTION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  19b. TO THE OF INJURY  19b. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  19  19  19  19  19  19  19  19  19  1
100	PART 2 OTHER SIGNIFICANT  RECENT  19a. DATE OF OPERATION  G-4-8  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	TOODITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART  TOP SMALL BOWEL BECCOM  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20d. AUTOPSY?  10b. IF YES, WERE FINI  10 YES   11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2  11c. PLACE OF INJURY
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT.  RECENT  19a. DATE OF OPERATION  G-4-8  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART  TO P SMALL BOWEL BECCOM  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a autopsy?  10b. If yes, were finited in certifying caus  YES NOW YES NOW YES NOW YES NOW IN CERTIFYING CAUS  YES NOW YES NOW IN THE MEDITAL OF PART 2  10c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2  10c. PLACE OF INJURY  11c. PLACE OF INJURY  11c. PLACE OF INJURY  11c. PLACE OF INJURY  11c. PLACE OF INJURY
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100	PART 2 OTHER SIGNIFICANT.  RECENT    19a DATE OF OPERATION  G-4-8  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   NOT WHILE   AT WORK   Sow the decosed alive or above, (I) (we) (did) (did not not be compared)	I CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART    19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b. IF YES, WERE FINITED   10b. CERTIFY ING CAUS   10c. CERTIFY IN ITEM IS PART 1 OF PART 2   10
100	PART 2 OTHER SIGNIFICANT.  RECENT 19a. DATE OF OPERATION  C-4-8  21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK Sow the deceosed glive as we the deceosed glive as we the deceosed glive as	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART  SOURCE SECTION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  10b. IF YES, WERE FINI IN CERTIFYING CAUS  YES NOW YES
100	PART 2 OTHER SIGNIFICANT.  RECENT    19a DATE OF OPERATION  G-4-8  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   NOT WHILE   AT WORK   Sow the decosed alive or above, (I) (we) (did) (did not not be compared)	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART    POST - O P
100	PART 2 OTHER SIGNIFICANT.  RECENT    19a DATE OF OPERATION  G-4-8  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   NOT WHILE   AT WORK   Sow the decosed alive or above, (I) (we) (did) (did not not be compared)	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART    19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   70b. IF YES, WERE FINITED IN CERTIFY ING CAUS YES   NOW
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MEDICAL	PART 2 OTHER SIGNIFICANT    19a DATE OF OPERATION   21a ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DE OF EITHER NOTIFY MEDICAL EXAMINE   21d INJURY OCCURRED   AT WORK   NOT WHILE   AT WORK	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART    19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   70b. IF YES, WERE FINITED IN THE WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   70b. IF YES, WERE FINITED IN THE WHICH OPERATION WAS PERFORMED   70a. AUTOPSY?   70b. IF YES, WERE FINITED IN THE WHICH OPERATION WAS PERFORMED   70a. AUTOPSY?   70b. IF YES, WERE FINITED IN THE WHICH IN THE WISE FINITED IN THE WHICH IN THE WERE FINITED IN THE WISE FINITED IN THE WHICH IN THE WERE FINITED IN THE WHICH IN THE WERE FINITED IN THE WHICH IN THE WHICH IN THE WERE FINITED IN THE WHICH IN THE
MEDICAL	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTHY MEDICAL EXAMINE  TID, INJURY OCCURRED  WHILE AT WORK  22a. I certify that (I) (this hosp saw the deceosed alive or above, (I) (we) (did) (did no  THE SIGNATURE  BURIAL CREMATION, REMOVAL  (SPECIES)	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART    19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b. IF YES, WERE FINITURE OF INJURY   21c. HOW INJURY OCCURRED   20a AUTOPSY?   20b. IF YES, WERE FINITURE OF INJURY   21c. HOW INJURY OCCURRED   20a AUTOPSY?   20b. IF YES, WERE FINITURE OF INJURY IN ITEM IS PART 1 OR PART 2 OF PART 2

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and costshauld be detoched for use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medico

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IMPORTANT: If Hem 21 is morked or Item 18 shows

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	1 6	, 9	8 6
(TYPE	CEASED NAME FIRST	MAE	W	ILKINS	20. DATE OF DEATH	MONTH DAY	1981	2b HOUR
3. SE.	RTHPLACE ISLATE OR FOREIGN	4. RACE  7. CITIZEN OF WHAT COUNT!	S. DATE (		6 AGE IN YEARS LAST BE	YRS.	THS DAYS	HOURS MIN.
	ITY OR TOWN OF DEATH	4.5.A.	MARRIE	ED DIVORCED	Wicon 120 USUAL OCCUPAT	nico		MI BUSINESS OR
4USÜ.	alisbury	reninsula s	Jenera		BENTAMINS D	OF WORKING LIFE)	INDUSTRY	PILING-
1	THE SNAME	OMICO FRUITA		13d INSIDE CITY LIMITS? YES NO 1		Lyse	AVE	2
G 160 V	PShUR	MED FORCES? 16h SOCIAL S	S ECURITY NO.	BERTIE 17 INFORMANT	LINKNOL	ESS	Men	25
(	res, no or unknown) (IF yes, GIV	578-52	2-6106	-	shall-on	ANCOCK	APPROXIM BETWEEN ON	ATE INTERVAL
MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), storing the underlying cause last	DUE TO, OR AS A CONSECUTION OF THE CONDITION OF THE CONDITION FOR WH	QUENCE OF OUENCE OF	A Static C	INAL DISEASE OR CON	He Long  IDITION GIVEN  200. IF YES, WIN CERTIFYIN YES	ERE FINDING	GS USED OF DEATH?
	21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOTWHILE  AT WORK  AT WORK	HOUR A.M. MONTH	19	216 HOW INJURY OCCURR		IRY IN ITEM 18 PART 1	ORPART 2}	STATE
, , , , , , , , , , , , , , , , , , ,	220 I certify that () (this haspi sow the deceased alive an above, () we) Gid (did no 221 SIGNATURE		81.0	22e. ADDRESS	MEDICAL STA		7 , the d from the co	
(	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 2. 6 - 24 - 81		SALIEBU EMETERY OR CREMATORY EW LAWN	236 OCATION CITY OR TOWN	t-Accor		STATE
24 FU	INERAL DIRECTOR	MS CHANCE	ck, V.	A. 23/17 JUN	E RECOL BY BEGISTRAR	251 REGISTRAR	SSIGNATU	RE

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funeral disshould be detached for use as the burial-transit permit. Then please remove corban papers. Fager I and 2 thould be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND ME CERTIFICATE OF DEA		169	8 /	
1. DECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	R 26. HOUR	
	arah A. W	LKINSON	June 30.19	981	3:00a M	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS	
FEMALE	WHITE	AUG". 6,º190	5 <sup>YEAR</sup> 75	YRS.	HOURS MIN.	
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MA	9. BALTIMORE CITY C	R COUNTY OF DEATH		
MARYLAND	U.S.A.	- Agyr		comico	MD	
16 CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST Deer's Hea			ION 12h KINI	D OF BUSINESS OR RY	
14. FATHER'S NAME	OMico Salis	BURY 13d INSIDE CITY YES N 15. MOTHER'S M	AIDEN NAME	SBURY NOR		
LARRY ELLIC	OTT	É	LLEN PHIPPIN		LAST	
IA- MAS DECEASED EVED IN ILIS	ABMED SODCESS 144 COCIAL S	ECURITY NO. 17 INFORMANT	ADDR	ESS		
(YES, NO OR UNKNOWN) NOS.	GIVE WAR OR DATES) 213-14	1-6443 GEORGE	E WILKINSON S	ALISBURY,	MD.	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Divers  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
TIFIC				YES NO YES YES NO		
	DEATH HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJU			
OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE	
220.1 certify that (I) (this ha	on1 I not) view the body ofter death.	,,,	19, to	30, 19£	, that (I) (ve) last the couses stated	
22b. SIGNATURE	1 this	PH:	ENDING MEDICAL STA YSICIAN DIRECTOR PHYSIC	FF /	SIGNED	
INJA	J. H WANG M		Head Center, Sa	lisbury, Mo	21.801	
230. BURIAL, CREMATION, REMOV	1 , ,	3. NAME OF CEMETERY OF CRE SPRING HILL (	FARDEN SALISE	SURY, MD	STATE	
24. FUNERAL DIRECTOR WILSON FUNERA	AL HOME SALT	SBURY,MD.	JUL 0 2 1981	Jefry	Breedy	

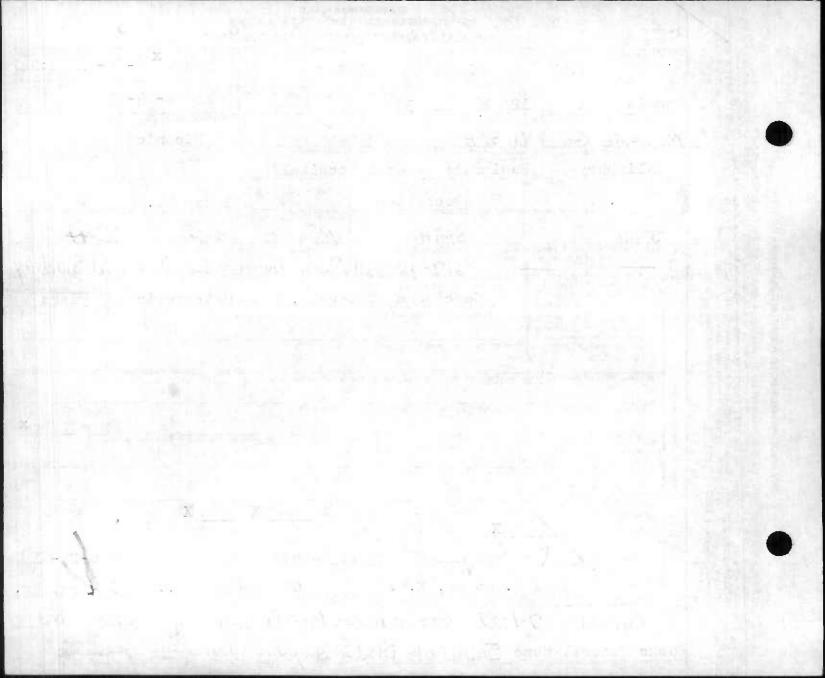
DHMH-16 30M 2/80 (VRA 15, 4)

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retained by the hospital or offending physician.

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1			STATE OF MARYLAND		
1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	16990
	ECEASED NAME FIRST	WIDOLE	LAST	20. DATE OF DEATH MOI	NTH DAY YEAR 26 HOUR
	LUC	1005	Young	June 28,	1981 / GAM
3. SE	MALE	1. RACE NEGRO	5. DATE OF BIRTH	6 AGE LIN YEARS LAST BIRTHON	AY) IF UNDER LYEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN. YRS
76. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR C	
	alisbury	(IF NOT IN SLICH FACILITY GIVE STREET.	AG HOME OR OTHER INSTITUTION ADDRESS) NETAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
13a.	STATE 136 COU		N 13d INSIDE CITY LIMITS?  YES NO D	13 STREET ADDRESS #+2 DORSE	EY LA SAlisbury
14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NO.	MIDDLE	SSIR LAST
	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES		JORIE LE	R JOHE
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH			
	4029 Conditions, if ony, which	Mus			
	gave rise to immediate cause ioi, stating the underlying cause lost.			peular Sini	un YRS
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ION GIVEN IN PART 1(0
CERTIFICATION	190 DATE OF OPERATION	196 CONVITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20 IN	Ob. IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO}   \qq     \qua
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN	IIEM 18 PART : OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
-		ottended the deceased from  19 2	. 1987 , ond that in (my) (607) opinion	to 6/68	ond hour and from the causes stated
	22b. SIGNATURE	ed M. hm		MEDICAL STAFF DIRECTOR   PHYSICIAN	12 DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY REEN ACRES MEMI		WICE MISSIAIE
24 F	Russell Fooks	Mertuary ADDRESS	Solisbury	TE REC'D. BY REGISTRAR ISIN	Thene gentlette

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, ar ather traumatic event, the medica

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